



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form**  
**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

2011

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

<b>A</b> For the 2011 calendar year, or tax year beginning <b>JANUARY 01</b> , 2011, and ending <b>DECEMBER 31</b> , 2011			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>INTERNATIONAL CHRISTIAN FELLOWSHIP</b> Number & street (or P O box, if mail is not delivered to street addr.) <b>17675 SW FARMINGTON RD PMB 458</b> Room/ suite City or town, state or country, and ZIP + 4 <b>Aloha OR 97007</b>	
		<b>D</b> Employer identification number <b>23-7003556</b> <b>E</b> Telephone number <b>(503) 848-8428</b>	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ <b>I</b> Website: ► <b>N/A</b>		<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>J</b> Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>3,530</b>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I ► <input type="checkbox"/>			
<b>REVENUE</b>  <b>E</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b> <b>S</b>	1 Contributions, gifts, grants, and similar amounts received ..... 2 Program service revenue including government fees and contracts ..... 3 Membership dues and assessments ..... 4 Investment income ..... 5a Gross amount from sale of assets other than inventory ..... b Less: cost or other basis and sales expenses ..... c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) ..... b Gross income from fundraising events (not including \$ ..... from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... c Less: direct expenses from gaming and fundraising events ..... d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ..... 7a Gross sales of inventory, less returns and allowances ..... b Less: cost of goods sold ..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ..... 8 Other revenue (describe in Schedule O) ..... 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>3,458</b>		1 <b>3,458</b> 2 3 4 <b>72</b> 5c  6d  7c 8 9 <b>3,530</b> 10 11 12 13 <b>330</b> 14 <b>9,174</b> 15 <b>48</b> 16 <b>3,790</b> 17 <b>13,342</b> 18 <b>-9,812</b> 19 <b>49,112</b> 20 21 <b>39,300</b>
			<b>RECEIVED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           APR 09 2012            OGDE         </div>
			<b>RE</b> <b>OGDE</b>

For Paperwork Reduction Act Notice, see the separate Instructions.

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part I

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments</b> .....	<b>49,112</b>	<b>22</b>	<b>39,300</b>
<b>23 Land and buildings</b> .....	<b>0</b>	<b>23</b>	<b>0</b>
<b>24 Other assets (describe in Schedule O)</b> .....	<b>0</b>	<b>24</b>	<b>0</b>
<b>25 Total assets</b> .....	<b>49,112</b>	<b>25</b>	<b>39,300</b>
<b>26 Total liabilities (describe in Schedule O)</b> .....	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>49,112</b>	<b>27</b>	<b>39,300</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? Charitable Church Organization

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	_____		
29	_____		
(Grants \$	) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	28a
30	_____		
(Grants \$	) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	29a
31	Other program services (describe in Schedule O)		
(Grants \$	) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	30a
32	Total program service expenses (add lines 28a through 31a) . . . . .	<input type="checkbox"/>	32
			0

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #1	#2			

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> . . . . .	37b	X
b Did the organization file Form 1120-POL for this year? . . . . .	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .	39a	
39 Section 501(c)(7) organizations Enter:	39b	
a Initiation fees and capital contributions included on line 9 . . . . .	40a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
41 List the states with which a copy of this return is filed. ► <b>NONE</b>		
42a The organization's books are in care of ► <b>See attachment #3</b> Telephone no. ► _____ Located at ► _____	42b	X
	42c	X
b 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)? . . . . . If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>43</b> . . . . .		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . Yes  No  46 X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . Yes  47 X

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

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
<b>f</b> Total number of other employees paid over \$100,000 . . . ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
<b>d</b> Total number of other independent contractors each receiving over \$100,000 . . . ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  4/4/12  
 Signature of officer  
**PAM GILBERTSON** Date  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>M L Post</i>	Preparer's signature <i>M L Post</i>	Date 3-22-12	Check <input type="checkbox"/> if self-employed	PTIN <i>9000879929</i>
	Firm's name ► Office 36185			Firm's EIN ► 43-1632899	
	Firm's address ► 1531 N PACIFIC HWY			Phone no.	503-981-0940

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

**INTERNATIONAL CHRISTIAN FELLOWSHIP**

Employer Identification number

**23 - 7003556**

**Part 1 Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.  
 2  A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(IV)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(V)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(VI)**. (Complete Part II )  
 8  A community trust described in **section 170(b)(1)(A)(VI)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I

b  Type II

c  Type III-Functionally integrated

d  Type III-Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....

(II) A family member of a person described in (i) above? .....

(III) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

h Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support	
						Yes	No
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2011

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

Employer Identification number

23-7003556

Rod Parsley 475

Crystal Cathedral 240

TBN 1350

Marilyn Hickey 240

Benny Hinn 575

James Robison 475

Billy Graham 120

Pat Robertson 240

St Child 425

Hospital Vets 25

Easter Seals 25

**990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 1: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	01-01-2011, and ending	12-31-2011
Name of Organization <b>INTERNATIONAL CHRISTIAN FELLOWSHIP</b>			Employer Identification Number <b>23-7003556</b>
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) 0	(D) Cont. to employee ben plans & def. comp. 0
None  See Comp. Expl. #1			

**990 COMPENSATION EXPLANATION**

Attachment 2: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public  
Inspection

For Calendar year 2011, or tax year period beginning 01-01-2011

and ending 12-31-2011

Name of Organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

Name	Explanation
Officer Comp. Expln. #1	No one is paid

Employer Identification Number

23-7003556

# 990 BOOKS ARE IN CARE OF

## Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	01-01	, and ending	12-31-2011
Name of Organization <b>INTERNATIONAL CHRISTIAN FELLOWSHIP</b>				Employer Identification Number <b>23-7003556</b>

### Part V - Line 42a

Individual Name ..... Pam Gilbertson

or

Business Name

Street Address ..... 17675 SW Farmington Rd PMB 458

U.S. Address

Zip code 97007

City Aloha

State OR

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (503) 848-8428

Fax Number .....