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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)

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

<u>A</u>	For the	2011 cale	ndar year, or tax year beginning	, 2011, a	and endin	ig		, 20	
В	Check if	applicable	C Name of organization Internation	al Christian Embassy Jerusalem -	USA, Inc	·	D Employe	er identification n	umber
	Address	change	Doing Business As					62-1279378	
	Name ch	nange	Number and street (or P O box if m	ail is not delivered to street address)	Room/su	ıite	E Telephor	ne number	
\Box	Initial ref	_	PO Box 332974			(615)8959830			
$\overline{\sqcap}$	Termina		City or town, state or country, and Z	IP + 4				(0.10,000	
\Box	Amende		Murfreesboro, TN 37133-2974				G Gross re	icointe \$ 1	,861,739
\Box		on pending	F Name and address of principal office	er: Susan Michael		El/al la thia		for affiliates? Yes	
ш	Applicat		PO Box 332974, Murfreesboro,			t t			
_	T						ll affiliates in	iciuded? Yes : list (see instructio	. ∐ No
÷		mpt status	501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	527			·	n 15)
<u></u>	Website		w.icejusa.org				exemption		
			Corporation Trust Associa	tion Other ► L Yea	ar of forma	tion 1986	M State	of legal domicile	DC_
Ľ	art I	Summ							
	1	Briefly de	escribe the organization's miss	ion or most significant activities:	: See at	tached state	ment.		
ø									
Ĕ	ŀ				- 				
Ĕ									
Activities & Governance	2	Check th	is box ▶ ☐ if the organization	discontinued its operations or di	isposed (of more thar	1 25% of	its net assets.	
5	3	Number of	of voting members of the gove	rning body (Part VI, line 1a)			3		6
ŝ	4	Number of	of independent voting member	rs of the governing body (Part VI	, line 1b)		4		5
jŧ;	5	Total nun	nber of individuals employed ii	n calendar year 2011 (Part V, line	e 2a) .		5		11
诗	6		nber of volunteers (estimate if	-			6		3
∢	7a		elated business revenue from				7a		0
	ь		ated business taxable income	• • •			7b		
	1 -	***************************************	<u> </u>	RECEIVED	- 	Prior Ye		Current Y	
Revenue	8	Contribut	tions and grants (Part VIII, line	1b)			1,172,442		1,486,152
	9		service revenue (Part VIII, line	127,100					
Ver	10		nt income (Part VIII, column (A						375,401
æ	i		•		l‰i. ⊦		281		186
	11			es 5, 6d, 8c, 9c, 10c, and 11e)			——∸	 -	0
	12			nust equal PartyIII, column (A), li	ne (2)		1,299,823		1,861,739
	13		nd similar amounts paid (Part I		· ·		569,585		407,827
	14		paid to or for members (Part I)		[0		0
es	15		· · · · · · · · · · · · · · · · · · ·	benefits (Part IX, column (A), lines	· · ·		453,532		468,342
Expenses	16a		=	olumn (A), line 11e)	[0		0
ă	b	Total fund	draising expenses (Part IX, col	umn (D), line 25) ▶14	48,199				
ш	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	[489,218		783,654
	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, column (A), line 25	5) . [1,512,335		1,659,823
	19	Revenue	less expenses. Subtract line 1	8 from line 12			-212,512		201,916
- Se						Beginning of Co	ırrent Year	End of Ye	ear
ets	20	Total ass	ets (Part X, line 16)		[1,058,839		1,228,072
ASS B	21		ulities (Part X, line 26)				593,344		561,387
Net Assets Fund Baland	22		ts or fund balances. Subtract I	ine 21 from line 20	1		465,495		666,685
	art II		ture Block					 -	
_				return, including accompanying schedule	s and state	ements and to	the best of r	my knowledge and	helief it is
tru	e, correc	t, and compl	lete Peclaration of preparer (other than	officer) is based on all information of wh	ich prepare	er has any know	ledge,	/	a belief, it is
<u>`</u> —		1	MININIA MANA				2/10	112	
Sig	nr	Stan	ature of officer				ate		
He		1'		antar.					
51 10 3			usan Michael, USA Dire	ector					
<u> </u>		<u> </u>	pe preparer's name	Preparer's signature		ate		PTIN	
Pa	nid	Filling 19	ho breharer a tigine	Tropulor a signature	ا	41C	Check [If	
٣r	epare	r		<u> </u>			self-emp	pioyea	
	e On		name ►			Fin	n's EIN 🕨		
		Firm's a	ddress ▶	 		Ph	one no		
Ma	y the If	RS discus	s this return with the preparer	shown above? (see instructions)	<u> </u>	<u> </u>	<u> </u>	🗌 Ye	s 🗌 No
For	Papen	work Redu	ction Act Notice, see the separa	ite instructions.	Cat I	No 11282Y		Form	990 (2011)

Part	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
•	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.
4 -	(O. J.) (France O.) (France O.)
4a	(Code:) (Expenses \$ 155,205 including grants of \$ 155,205) (Revenue \$ 19,300) 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 \$ 334,163 including grants of \$ 5,865) (Revenue \$ 50,726)
	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
	shout assessment are groupe and application
	about current programs and activities.
4-	(Code: \/\(\text{Cyperces}\) \\ \(\text{Cyperces}\) \\ \(Cyper
4c	(Code:) (Expenses \$ 59,840 including grants of \$ 59,840) (Revenue \$ 49,683) 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.)
74	(Expenses \$ 572,298 including grants of \$ 186,917) (Revenue \$ 530,005)
4e	Total program service expenses ▶ 1,121,506

	0 (2011)		1	Page 3
Part	V Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	\$ 1. **	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	<u>. 26,41</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	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	11e	✓	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	1
b	Schedule D, Parts XI, XII, and XIII	12a		1
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		_
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	✓
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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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		1
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	10		

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

Part	V Checklist of Required Schedules (continued)			
		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	√	
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		1
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 b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	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? If "Yes," complete Schedule L, Part I	24d 25a		1
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	05h		1
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.	25b		∀
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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? <i>If "Yes," complete Schedule R, Part VI </i>	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	/	

Form 99	0 (2011)			Page \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. \square
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	 	├
70	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: ▶	70		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1 4 2 3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	17
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
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).			T.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1900
_	and services provided to the payor?	7a	_	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	ــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		١,
	If "Yes," indicate the number of Forms 8282 filed during the year	7c	1 1	V
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1000		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?N		<u> </u>	 •
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N//		_	+
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	Ş		
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			F
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? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .N/A 10b	_		
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			ľ
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
400	against amounts due or received from them.)	10-	4	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
Sacti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u>···</u>	
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Ž	194	-,1
a b 9	The governing body?	8a 8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Co	ode)	1
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	✓	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	10-		است
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	√	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	✓	-
b	Other officers or key employees of the organization	15b	-	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed AK,AZ,CA,CO,FL,KY,NC,ND,NH,SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.			only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Daryl Hedding, 1937 Barfield Rd., Murfreesboro, TN 37128. Tel. (615) 895-9830	of the	;	

Form	990	(2011)	

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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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	(B) Position					(D)	(E)	(F)	
Name and Title	Average	(do not check more than one					Reportable	Reportable	Estimated	
	hours per	officer and a director/trustee) CO		compensation	compensation from	amount of				
	week (describe	악	Ing	오	6	e F	Б	from the	related organizations	other compensation
	hours for	dre	<u> </u>	Officer	۷ و	ples	Former	organization	(W-2/1099-MISC)	from the
	related organizations	CC E	ğ	, ·	Key employee	88		(W-2/1099-MISC)		organization and related
	in Schedule	Individual trustee or director	 		yee	mg				organizations
	O)	l e	Institutional trustee			Highest compensated employee			1	
			L [®]			藍				
(1) Dr George Giacumakis										
President, Director	2	1		1				o	o	0
(2) Rev. Malcolm Hedding										
Vice-President, Director	2	✓		1				0	o	0
(3) Lawrence Booth						1				
Treasurer, Director	4	1						2,550	0	0
(4) G. Allen Jackson	_									
Director	2	✓						0	0	0
(5) Gary Bachman										
Director	2	✓						0	0	0
(6) Susan Michael									·	
Secretary, USA Director	40	✓	<u>L</u>	✓	✓			66,879	0	0
(7) Daryl Hedding]									
USA Controller	40				✓			86,607	0	0
(8) Nancy Fager	_					ļ		1		
USA Administrator	40				✓			61,043	0	0
(9)	-									
(10)			-	_			-			
X37	-									
(11)								··		
(40)	<u> </u>		_				_			· · · · · · · · · · · · · · · · · · ·
(12)	-									
(13)	-			-						
(14)		<u> </u>		-			-			

ant	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	do x, contractor director	ot ch	Pos eck s pe	c) ition more	than of the strain of the stra	one i an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	le n from	Estr amo o comp fror organ and	(F) mated punt of ther ensation m the nization related juzations
(15)				ď			ated			_		 -	
(16)							-		_	· · · · · · · · · · · · · · · · · · ·			
(17)													
(18)													
(19)													
(20)										-			
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total						•	>	217,079		0		0
d 	Total (add lines 1b and 1c)	not limited				$\overline{}$		▶	217,079	ore than \$1	0 00 00	n of	0
	reportable compensation from the organi												lse. Ts.
3	Did the organization list any former of									•	nsate	<u> </u>	Yes No
4	employee on line 1a? If "Yes," complete seems any individual listed on line 1a, is the organization and related organizations individual.	sum of re	portal	ole d	con	npei	nsatio	n a		ensation fr			√
5	Did any person listed on line 1a receive of for services rendered to the organization											_	
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	sation
None.													
								L					
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo None.	ove) who			

Part	WIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		f			
S, G	С	Fundraising events 1c					
ar/	d	Related organizations 1d					
s, G mik	е	Government grants (contributions) 1e		İ			
ion Si	f	All other contributions, gifts, grants,					
buti			86,152				
Ę t	g	Noncash contributions included in lines 1a-1f \$					
Son	h	Total. Add lines 1a–1f	. •	1,486,152			
	- "	Business		1,400,132			·
an.	2a	Feast Income 56192		261 040			
Program Service Revenue	b		 +	361,840	0	0	361,840
ë.	_	Conference Income 56192	20	13,561	0	0	13,561
Σį	C						<u> </u>
Se	ď				· · · · · ·		
гаш	е						
.ogi	f	All other program service revenue .					
<u>-</u>	g	Total. Add lines 2a–2f		375,401			
	3	Investment income (including dividends, inte					
		and other similar amounts)	L	186	0	0	186
	4	Income from investment of tax-exempt bond proceed	-				
:	5	Royalties	. ▶				
		(i) Real (ii) Perso	onal	#		*	
	6a	Gross rents		··			Í
	b	Less: rental expenses			,	*	**
	C	Rental income or (loss)					*
	d	Net rental income or (loss)	. ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	er				
		assets other than inventory			*	*	
	ь	Less. cost or other basis		ļ			
		and sales expenses .	ļ	*	ж		*
	С						
	ď	Ret gain or (loss)	. •		·		
	"	Net gain or (loss)					
9	8a	Gross income from fundraising	l				
evenue	Ga	events (not including \$					
ě		of contributions reported on line 1c).					
Œ		0 - D-+ N/ 1 40	ŀ				
Other R					•		
δ		Less. direct expenses b					
		Net income or (loss) from fundraising events	. ▶				
	ya	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities .	. 🕨				
	10a	Gross sales of inventory, less	}				
		returns and allowances a					
		Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory .	. ▶				
		Miscellaneous Revenue Business	Code				
	11a						
	Ь						
	С						
	d	All other revenue		***************************************			
	e	Total. Add lines 11a–11d	. ▶				
	12			1.861.739	0	0	375 587

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	e to any question i	n this Part IX	<u></u>	
	t include amounts reported on lines 6b, 7b, , 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 United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	30,000	30,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	377,827	377,827		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	217,079	77,335	136,438	3,306
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	217,070	77,000	130,436	
	persons described in section 4958(c)(3)(B)	اه	٥	o	•
7	Other salaries and wages	169,097	71,680	95,910	1 507
8	Pension plan accruals and contributions (include	109,037	71,080	35,910	1,507
	section 401(k) and 403(b) employer contributions)	9,609	4,073	5,450	86
9	Other employee benefits	38,484	16,313	21,828	343
10	Payroll taxes	34,073	9,296	24,664	113
11	Fees for services (non-employees):				_
a	Management	0	0	0	0
b	Legal	10,950	0	0	0
C C	Accounting	0	0	10,950	0
d e	Lobbying	0	`	0	0
f	Investment management fees	50	0	50	0
g	Other	0		0	0
12	Advertising and promotion	148,090	62,946	333	84,811
13	Office expenses	114,923	14,128	65,642	35,153
14	Information technology	50,746	43,398	6,897	451
15	Royalties	420	420	0	0
16	Occupancy	15,118	0	15,118	0
17	Travel	47,557	46,767	266	524
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	366,823	366,823	0	0
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	619	0	619	0
23	Insurance	5,353	0	5,353	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		İ		
	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>
а	Mailing List & Other Services	20,219	0	0	20,219
b	Facility Rental	500	500	0	0
c d	Registrations	2,286	0	0	2,286
е	All other expenses				<u>.</u>
25	Total functional expenses. Add lines 1 through 24e	1,659,823	1,121,506	389,518	148,799
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	o	o	0	•

Part X	Balance	Sheet

			(4)		(D)
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	153,039	1	310,822
	2	Savings and temporary cash investments	0	2	0
ı	3	Pledges and grants receivable, net	0	3	0
- 1	4	Accounts receivable, net	4,646	4	6,286
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			v
Assets	_	employees' beneficiary organizations (see instructions)	0	_6	0
SS	7	Notes and loans receivable, net	0	7	0
⋖∣	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	12,526	9	23,575
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,095	\$ €		é é
	b	Less. accumulated depreciation 10b -929	2,785	10c	2,166
	11	Investments—publicly traded securities	5,843	-	5,223
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
- {	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	880,000	15	880,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,058,839	16	1,228,072
	17	Accounts payable and accrued expenses	123,874	17	91,917
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
S	22	Payables to current and former officers, directors, trustees, key	~ M; 4; (\$1 ·	4	, wh
Liabilities	:	employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	<u> </u>	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	
_	24	Unsecured notes and loans payable to unrelated third parties		-	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	469,470		469,470
		of Schedule D		25	
S	_26	Total liabilities. Add lines 17 through 25	593,344	26	561,387
ž	27	Unrestricted net assets	405,312	27	621 002
ala	27 28	Temporarily restricted net assets	60,183	_	621,082 45,603
Ä	29	Permanently restricted net assets	00,183	_	45,603
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		29	
Š	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		
As	32	Retained earnings, endowment, accumulated income, or other funds .	0		
نيد	33	Total net assets or fund balances	465,495		666,685
				34	1,228,072

If the organization changed either its oversight process or selection process during the tax year, explain in

☐ Consolidated basis ☐ Both consolidated and separate basis

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

☐ Separate basis

issued on a separate basis, consolidated basis, or both:

Form **990** (2011)

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SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Christian Embassy Jerusalem - USA, Inc

Employer identification number 62-1279378

Par			r ity Status (All orga						nstructio	ns.		_
The o	~	•	tion because it is: (Fo		_		•		_			_
1			nes, or association of			ed in sec	tion 170((b)(1)(A)(i).			
2			170(b)(1)(A)(ii). (Attac		•						,	
3			spital service organiza									
4		-	on operated in conjun	ction with	a hospita	al descrit	oed in se	ction 170	D(b)(1)(A)((iii). Ente	r the	
		e, city, and state										
5		n operated for a)(1)(A)(iv). (Comp	the benefit of a colle- plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernment	al unit d	escribed ii	n
6 7	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	n the ger	neral publi	С
8	☐ A community t	rust described ii	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)						
9	•		receives: (1) more that		-		m contri	butions.	members	hip fees.	and gros	s
			to its exempt funct									
	support from	gross investme	nt income and unrel	lated bus	siness tax	kable inc	ome (les	ss sectio	n 511 ta	x) from	businesse	s
	acquired by th	e organızatıon a	fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com _l	olete Par	t III.)				
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).			
11			d operated exclusive									
			licly supported organ								ee sectio i	n
	509(a)(3). Che	ck the box that o	describes the type of	supportir	ig organiz	ation and	d comple	ete lines 1	1e throug	gh 11h.		
	a 🗌 Type I				III-Functi] Type II		
е			that the organization									
			ers and other than one	e or more	publicly	support	ed organ	izations o	described	in section	on 509(a)(1	I)
	or section 509											
f			written determination								porting	
	-										· · □]
g			he organization accep	oted any	gift or co	ontributio	n from a	iny of the)			
	following pers											_
			ndirectly controls, eit						d in (ii) ar		Yes No	_
	• •	· -	ody of the supported	_						11g(i)	 	_
			on described in (i) abo							11g(ii)	 	_
L	• •	•	a person described in							11g(in)		
h			on about the support	T				T				_
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		is the tion in col		mount of	
	Ū		above or IRC section	governing	document?		of your oort?		zed in the S?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
	-			100	110	103	110	103				_
(A)							i					
								 				_
(B)												
					 	-		-				_
(C)								1]		
(D)												-
				<u> </u>				-				_
(E)												
								i		1		

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part		ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,473,134	2,081,335	1,260,504	1,172,442	1,486,152	7,473,567
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities					İ	
	furnished by a governmental unit to the						
_	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,473,134	2,081,335	1,260,504	1,172,442	1,486,152	7,473,567
5	The portion of total contributions by			*	x		
	each person (other than a	*	^	** .	* .	`	
	governmental unit or publicly			?		,	
	supported organization) included on		*	á			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)					·	
e			*	* ^	<u>\$</u>	* 4	780,902
6 Sooti	Public support. Subtract line 5 from line 4. on B. Total Support		<u> </u>	* ***	*	· ~ -	6,692,665
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 0011	(6) T-1-1
7	Amounts from line 4	1,473,134	2,081,335	1,260,504	1,172,442	(e) 2011 1,486,152	(f) Total
8	Gross income from interest, dividends,	1,475,154	2,001,000	1,200,304	1,172,742	1,460,152	7,473,567
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,667	631	215	281	186	2,980
9	Net income from unrelated business	.,				- 100	2,500
	activities, whether or not the business						
	is regularly carried on	o	0	o	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	o	0	o	0
11	Total support. Add lines 7 through 10	, W	>	4 4	* *	4	7,476,547
12	Gross receipts from related activities, etc					12	976,084
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	· · · · ·	<u> </u>	<u> </u>	<u></u>	▶ 🗆
Secti	on C. Computation of Public Suppor	<u>~</u>					
14	Public support percentage for 2011 (line					14	89.52 %
15	Public support percentage from 2010 Sci					15	89.99 %
16a	331/3% support test—2011. If the organi						_
	box and stop here. The organization qua						
D	331/3% support test—2010. If the organ						_ ` _
	check this box and stop here. The organ						· · ·
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization	acis-and-circu		st. Trie organiza	auon qualities	as a publicly su	··
	•	040 16 11					- ▶ □
þ	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization members are the second of the organization						
	supported organization						
	• • •			- •			11

18

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

International Christian Embassy Jerusalem - USA, Inc. 62.1279378 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (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) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	Urganizations Maintaining	Collections of	Art, His	toricai i	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams	
b	☐ Scholarly research			Othe	-			
С	Preservation for future generations	3	_			•••		
4	Provide a description of the organization		and expla	ain how t	hev further	the ord	ianization's eve	mnt nurnose in Part
-	XIV.		una onpi		noy rantifor		janization 3 cae	mpt parpose in Fait
5	During the year, did the organization	solicit or receive	donation	s of art	hietorical ti	rascura	e or other eimi	lor
•	assets to be sold to raise funds rather	than to be maint	ained as i	nart of the	organizati	on's co	ollection?	
Parl	IV Escrow and Custodial Arra							
	line 9, or reported an amoun	t on Form 990,	Part X, II	ne 21.				,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oti	her intern · ·	nediary fo	or contribut	tions or	other assets r	ot Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	ollowing t	able:			
	_					<u> </u>	<u> </u>	Amount
С	Beginning balance					_ 1c	·	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	1	
2a	Did the organization include an amour		Part X, line	21? .				☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa			_				
Par	V Endowment Funds. Comple	ete if the organi	zation ar	swered	"Yes" to F	orm 9	90, Part IV, lın	e 10.
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bar	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions	-						
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships			-				5-000-000 C
e	Other expenditures for facilities and			···-				
_	programs							
f	Administrative expenses		 					
	· ·							
9	End of year balance	ha a waa at waa a						- 1 - 230
2	Provide the estimated percentage of t	ne current year e	no balanc	e (line 1g	, column (a	i)) neia i	as:	
a	Board designated or quasi-endowmer	nt >	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	<u> </u>						
_	The percentages in lines 2a, 2b, and 2							
За	Are there endowment funds not in the	e possession of t	he organı	zation tha	at are held	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations					•		3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or o		1 ' '	or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
ь	Buildings							
c	Leasehold improvements	. —	-	<u> </u>				· · · · · · · · · · · · · · · · · · ·
d	Equipment			 	3,095		929	2,166
e	Other			 	5,000		323	2,100
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	190 Part	X column	(R) line 10)/cl 1	•	2,166
		oquar r omr	, oo, rait	., Joinin	. <u>, , , ,, ,, , , , , , , , , , , , , ,</u>	19//		۷,۱00

Part VII	Investments - Other Securities.	See Form 990, Part X,	line 12.	
(2	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	I derivatives			
(2) Closely-I	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		<u> </u>		
(H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12) ▶		*	. ^ *
Part VIII	Investments—Program Related	I. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
_(1)				
(2)				
(3)				
_(4)				
(5)				
(6)	<u> </u>			
_(7)				
_(8)				
_(9)				
(10)	200 0 17 101			
	(b) must equal Form 990, Part X, col. (B) line 13.)	100 11 - 45	<u> </u>	
Part IX	Other Assets. See Form 990, Pa			
		a) Description		(b) Book value
	ntial real estate			880,000
(2)				
(3)		, , , , , , , , , , , , , , , , , , , ,		
(5)				
(6)				
<u>(7)</u>	<u> </u>			
(8)				
(9)		·	···	
Total. (Colu	umn (b) must equal Form 990, Part X, c Other Liabilities. See Form 990,			880,000
1.	(a) Description of liability	(b) Book value	<u> </u>	
	I income taxes	(-,		
	ts held for purchase of real estat	469,470	-4	
(3)	to held for purchase of real estat	100,110	4	
(4)				
(5)			1	
(6)				
(7)			1	
(8)			1	
(9)			1	Į
(10)		-	1	į
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25.)	469,470	5	
			 	

Unrealized loss on value of publicly traded common stock .723

Rounding .3

Total Other Changes in Net Assets .726

schedule D (Foi	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		
	·	

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Attachment - Part I, Line 1 & Part III, Line 1 - Form 990 - 2011 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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2011

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

Open to Public Inspection

Internal Revenue Service

Department of the Treasury Name of the organization Employer identification number

International Christian Embassy Jerusalem - USA, Inc. 62-1279378 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . Assets included in Form 990, Part X

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Schedu	le D (Form 990) 2011					Page 2
Par	Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther records, che	ck any of the follo	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🔲 Loar	n or exchange prog	ırams	
b	☐ Scholarly research			er		
С	☐ Preservation for future generations	S				
4	Provide a description of the organizat	ion's collections	and explain how	they further the or	ganization's exem	pt purpose in Part
	XIV.					, , ,
5	During the year, did the organization	solicit or receive	donations of art,	, historical treasure	es, or other similar	r
	assets to be sold to raise funds rather	than to be mainta	ained as part of th	ne organization's co	ollection?	☐ Yes ☐ No
Par	IV Escrow and Custodial Arra	ingements. Co	mplete if the or	ganization answe	ered "Yes" to For	
	line 9, or reported an amoun					
1a	Is the organization an agent, trustee,					t -
	included on Form 990, Part X?					☐ Yes ☐ No
þ	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the following	table:		
				1	An	nount
С	Beginning balance			10	c	
d	Additions during the year			10	d	
е	Distributions during the year			10	e	
f	Ending balance			1	f	
2a	Did the organization include an amount	nt on Form 990, P	art X, line 21? .			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
Par	t V Endowment Funds. Comple		zation answered			10.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and		:			
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of t			g, column (a)) held	as:	
а	Board designated or quasi-endowment	nt 🕨	<u></u> %			
b	Permanent endowment >	%				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2					
3а	Are there endowment funds not in the	e possession of the	he organization the	hat are held and ad	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
_	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organ Describe in Part XIV the intended uses					3b
4	Describe in Fair Aiv the intended use:	s or the organizati	on s endowment	TUHUS.		

4	Describe in Part XIV the intended uses of the	ne organization's endo	owment funds.		_
Part	VI Land, Buildings, and Equipmen	t. See Form 990, P	art X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	,			
b	Buildings				
C	Leasehold improvements				
d	Equipment		3,095	929	2,16
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	D(c).) ▶	2,16

Part VII	Investments - Other Securities	. See Form 990, Part X,	ine 12.	
(1	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	d derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related	See Form 990 Part Y	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of val	unten
	(a) Description of investment type	(b) Book value	Cost or end-of-year m	
(2)				
_(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
) Description		(b) Book value
(1) Resider	ntial real estate			880,000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	mm (h) must squal Form 000. Port V or	ol (D) Imo 15)		
Part X	umn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		<u> </u>	880,000
1.	(a) Description of liability	(b) Book value		
	income taxes	0		
	ts held for purchase of real estat	469,470		
(3)	is field for paronase of real estat	100,170	ł	i
(4)				
(5)				
(6)				
(7)				
(8)			1	
(9)				
(10)				
(11)]	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	469,470	the ergenization's financial states	

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	le D (Form 990) 2011			Page 4
Par			nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part	XII Reconciliation of Revenue per Audited Financial Statem		r Retun	n
1	Total revenue, gains, and other support per audited financial statements		[1]	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		5	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1 122	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d	7 - 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7,4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	٦٬٬٠١	
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Ret	urn
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:		- 4	
а	Donated services and use of facilities	2a	2 024	
b	Prior year adjustments	2b		
С	Other losses	2c	~ i hoji .	
d	Other (Describe in Part XIV.)	2d	1/35	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)	4b	7 1	
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
Part	XIV Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4;	Part IV.	lines 1b and 2b;
Part V	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII			
any a	ditional information.			
Other	Changes in Net Assets or Fund Balances			
				**
Unrea	lized loss on value of publicly traded common stock	**		-723
		**		
Roun	ling			-3
Total	Other Changes in Net Assets			-726
				**
			·	

Schedule D (Fo	Page 5							
Part XIV	Supplemental Information (continued)							
·		·						
•								
·								
•••••								
·····								
		·						
	······································							
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· · · · · · · · · · · · · · · · · · ·								

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Christian Embassy Jerusalem - USA, Inc

Employer identification number 62-1279378

Part			es Outside t	the United States. Comp	lete if the organization answ	vered "Yes" to
	Form 990, Part IV, line			mala da acidada de la 15 de la		
1	For grantmakers. Does the assistance, the grantees' eli	organization gibility for the	maintain reco	ras to substantiate the amo	ount of its grants and other criteria used to award the	
	grants or assistance?				· · · · · · · · · · · · ·	□Yes □No
•	F	D W.	.			
2	For grantmakers. Describe assistance outside the Unite		ne organizatio	on's procedures for monit	oring the use of its grant	s and other
	Activities per Region. (The fo	llowing Part I	, line 3 table c	an be duplicated if addition	ial space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(0)						
(4)						
<u>(5)</u>						
(6)			<u></u>			
(7)						
(8)						
(9)						
(10)						
(11)				-		
(12)						
(13)						 -
(14)						
(15)						
(16)						
(17)						
-(17) 3a	Sub-total	ļ				
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)			THE RESERVE OF THE PARTY.	100 CO 10	

Part II Grants Part IV, Part II c	and Other A line 15, for ar an be duplice	Grants and Other Assistance to Organizations or Er Part IV, line 15, for any recipient who received more that Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere 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 Part II can be duplicated if additional space is needed.	es Outside the L 5,000. Check thi	Jnited States. Con s box if no one reci	nplete if the organipient received mo	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 ▶ □ Part II can be duplicated if additional space is needed.	s" to Form 990, ·
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)		Europe	General Support	98,364	98,364 Wire Transfer	None		
2)		Middle East	General Support	262,233	262,233 Wire Transfer	None		
3)								
4)								
5)								
(9								
'n								
8)								
(6								
10)								
11)							:	:
12)								
13)								
14)								
15)								
16)								

Schedule F (Form 990) 2011

³ Enter total number of other organizations or entitles

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2011

Part III Grants au

Part III can be duplic	Part III can be duplicated if additional space is needed.	e is needed.				,	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (boal) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h
(1) Food, shelter & clothing	Middle East	8	17,230 Check	Check			
(2)							
(2)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							:
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2011

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Page	-

Part	V Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S Transferor of Property to a Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizatio may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts an Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A)	d	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect T Certain Foreign Corporations. (see Instructions for Form 5471)		✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electin Fund. (see Instructions for Form 8621)	1,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)		☑ No

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

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

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

▶ Attach to Form 990.

1	Open to Public	Inspection	Employer identification number
			Employer iden

to Form 900, Part IV, line 21, for any recipient trait received more than 85,000. Part II can be duplicated if additional space is needed repeated in additional space is needed received more train 85,000. Part II can be duplicated if additional space is needed repeated in additional space is needed received more train 85,000. Part II can be duplicated if additional space is needed repeated in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space is needed received more training in additional space in additional space is needed received more training in additional space in additional space is needed received more training in additional space in additional	to Form 990, Part IV, line 21, for any recipient that Part II can be duplicated if additional space is need or government (b) EIN (c) IRC section (f applicable or government (final part III)	received more than led	\$5,000. Check	rates. Complete	II IIIE OIGAIIIZAIIOII AIISV	
(b) EIN (c) IRC section (d) Amount of roah (a) Amount of non- III Method of Yaukaton (d) Amount of non- Gash assistance (book, FMV, do Pudasal, non-cash a	(p) EIN			this box if no one	recipient received mo	wered res re than \$5,000.
					(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Ca	Cat. No 50055P		Schedule I (Form 990) (2011)

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	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Assistance for immigration (Aliyah) to Israe	51	30,000	None		
7 Part IV Supplemental Information. Complete this part	e this part to pro	vide the information	required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	itional information.
The grant funds used for "Assistance for immigration to Israel" are only supplied to eligible individuals and then only for eligible immigration costs.	Israel" are only sup	plied to eligible individ	tuals and then only for	eligible immigration costs.	
Eligible families must provide proof that permanent residency has been granted in Israel, and only eligible expenses such as flight costs are covered.	lency has been grai	nted in Israel, and only	eligible expenses suc	n as flight costs are covered.	
					Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

International Christian Embassy Jerusalem - USA, Inc 62-1279378 Part III, Statement of Program Service Accomplishments Line 4d Other program expenses (Expenses \$135,935 including grants of \$135,935) (Revenue \$136,185) **ICEJ-AID General Assistance Program** Social assistance program touching the lives of all people in Israel by contributing to projects in every sector of society across the nation. We fulfill our calling to comfort God's people by meeting the needs of children, elderly, disabled, lone soldiers, new immigrants and needy families. (Expenses \$349,808 including grants of \$0) (Revenue \$361,840) **Feast of Tabernacles Program** Annually the single largest tourist event in Jerusalem drawing in approximately 5,000 pilgrims from 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 \$61,477 including grants of \$28,195) (Revenue \$27,863) General use - ICEJ Jerusalem For providing transportation and supervision needs in order to accomplish work in Israel. (Expenses \$18,387 including grants of \$18,387 (Revenue \$4,117) Operation Hope Assistance Program Provides shelter and rehabilitation for Sudanese refugees who have fled to Israel to escape religious persecution. (Expenses \$4,900 including grants of \$4,400) (Revenue \$0) **Grafted Young Adults Program** To encourage young adults to get involved with the work of the International Christian Embassy and to provide educational programs to teach them about the Jewish roots of their faith and the biblical significance of Israel.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Pag Employer identification number
International Christian Embassy Jerusalem - USA, Inc	62-1279378
(Expenses \$1,791 including grants of \$0) (Revenue \$0)	
Churches for Israel Program	
To provide Churches with teaching about the Jewish roots of their faith and the biblical sign	nificance of Israel, and
to provide a way for them to comfort and bless the Jewish people.	
·	
Section A, Line 11A Review of the Form 990	
A copy of the Form 990 is sent to all board members for review and approval. The final apro	oval is given by Susan Michael,
USA Director, then by an outside accountant before being submitted.	
Section B, Line 12c Conflict of interest policy	
The policy's compliance is monitored and enforced by an annual execution of the policy by	y each Board member.
	······
Section B, Line 15 Compensation	
Compensation is compared to other non-profit organization salaries via the annual compen	sation review conducted by
The Washington Council of Agencies. The board, which is comprised of a six to one ratio of	f independent members, is
is responsible for reviewing and approving the final compensation amount.	
Section C, Line 19 Availability of documents to the public	
Governing documents, conflict of interest policy, and financial statements are made available	ole to the public as requested
via mail, email or phone.	
······	
Part XI, Line 5 Other changes in net assets or fund balances	
Unrealized loss on value of publicly traded common stock	-\$7
Rounding	
Total Other Changes in Net Assets	-\$1

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

International Christian Embassy Jerusalem - USA, Inc 62-1279378 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2)(3) (4)(5)(6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2 . . Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (g) Written the organization? by board or principal amount agreement? committee? То From Yes No Yes No Yes No (1) (2)(3) (4)(5)(6)(7)(8) (9) (10)Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization (1)(2)(3)(4)(5) (6)(7) (8) (9)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation nues?
(4) Dand Hadding	Con of M Hodding Die			Yes	No
(1) Daryl Hedding	Son of M. Hedding, Dir	86,607	Employment	_	✓
(2)					⊢
(3) (A)				_	<u> </u>
(3) (4) (5) (6) (7) (8) (9)		-		-	├—
(6)					┢
(7)					├
(8)	<u> </u>				┝
(9)	+				⊢
10)					┢
Part V Supplemental Information Complete this part to provi	n de additional information for res	sponses to question	ns on Schedule L (see instruction	ons).	
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