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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 private foundations)

OMB No 1545-0047

Dep	artment of	the Treasury		nter Social Sec	=						Inspec	
Inte	mal Revenu			ion about For	n 990 and its i				form990.	<u></u>		lion
<u>A</u>			ndar year, or tax year				3, and end			> Fl	, 20 er identification n	
В	Check if a	applicable	C Name of organization r	iternational Cl	ristian Emba	ssy Jerusalem	ı - USA, Ir	ıc.	——'	Employ		umper
닏	Address of	-	Doing Business As	<u> </u>				·		- T. (t	62-1279378	
닏	Name cha	ange	Number and street (or P	O box if mail is	not delivered to s	street address)	Room	suite	l'		ne number	
닏	Initial retu	ım	PO BOX 332974							<u>.</u>	(615) 895-9830	
닏	Terminate	ed	City or town, state or pro	ovince, country, a	ind ZIP or toreign	n postal code						
\sqsubseteq	Amended		Murfreesboro, TN 371							G Gross re		1,720,495
Ш	Application	on pending	F Name and address of pr	incipal officer				, ,	(a) Is this a grow	•		
			Susan Michael			r-i		H			s included? Tes	
<u></u>	Tax-exem		✓ 501(c)(3)	501(c) () ◀ (insert no))	r ∐ 527				list (see instruction	ins)
7	Website:		w.icejusa.org						(c) Group e			
K			✓ Corporation Trust	Association	Other ▶	lr,	Year of form	nation	1986	M State	of legal domicile	DC
Ŀ	art I	Summ										
	1	Briefly de	escribe the organization	on's mission	or most signif	ficant activitie	es: See	attache	d statem	ent.		
9												
Пап												
Activities & Governance	2	Check th	is box ▶☑ if the orga	anızatıon disc	ontinued its o	operations or	dispose	d of mo	ore than :	25% of	ıts net assets.	
ĝ	3	Number	of voting members of	the governin	g body (Part '	VI, line 1a) .				3	_	6
త	4	Number	of independent voting	g members of	the governin	g body (Part	VI, line 1	b) .		4		5
Ě	5	Total nur	nber of individuals en	nployed in ca	lendar year 2	013 (Part V, li	ine 2a)			5		13
ξį	6	Total nur	nber of volunteers (es	stimate if nece	essary)					6		4
¥	7a	Total unr	elated business rever	nue from Part	VIII, column	(C), line 12			•	7a		0
	b	Net unre	ated business taxabl	e income fron	n Form 990-T	, line 34 .				7b		0
									Pnor Yea	ır	Current Y	ear
•	8	Contribu	tions and grants (Part	VIII, line 1h)			•		1,	421,689		1,420,326
Š	9	Program service revenue (Part VIII, line 2g)										300,098
Revenue	10											71
Œ	11 4	Other rev	renue (Part VIII, colun	nn (A), lines 5	6d, 8c, 9c, 1	0c, and 11e)				0		
	12	Total reve	enue-add lines 8 thro	ough 11 (must	equal Part VI	II, column (A),	, line 12)		1,	663,850		1,720,495
	13	Grants a	nd sımılar amounts pa	aid (Part IX, c	olumn (A), line	es 1-3)			•	480,002		762,637
	1		•	id to or for members (Part IX, column (A), line 4)						0		0
s	15	Salaries.	other compensation, e	mployee bene	fits (Part IX, c	olumn (A), line	es 5–10)			481,473		453,631
Expenses	16a		onal fundraising fees (•					0		
ě	. В			draising expenses (Part IX, column (D), line 25) ► 184,838							en sette	The Tolling
ũ	17	Other ex	penses (Part IX, colur	nn (A), lines 1	1a-1ddd/h	24e)/E/7				607,034		880,832
	18	Total exp	enses. Add lines 13-	17 (must equ	al Part IX, co	umn (A) line	25)			568,509		2,097,100
			less expenses. Subti				1.8			95,341		(376,605)
> 8				188	AUG 2	R & 2014	Ø	Begin	ning of Curi		End of Ye	
sets or	20	Total ass	ets (Part X, line 16)	(C)			1.60		1.:	372,645		478,045
Ass	مماد		(5				四日			610,867		90,489
Net Ass	22	Net asse	ts or fund balances.	Subtract line	21 from line 2					761,778		387,556
	art II	Signa	ture Block							, ,		
_			ry, I declare that I have exa	mined this return	. including accor	mpanving schedi	ules and sta	atements	s, and to the	e best of n	ny knowledge and	belief, it is
trı	Je, correct,	, and comp	ete Declaration of prepare	(other than offic	er) is based on a	Il information of v	which prepa	arer has a	any knowle	dge, /	,,	
			1/1///							λ / I	4/10	
Si	an	Sign	ature of officer		· · ·				Date	\rightarrow \prime		
	ere	[]		asurer								
•			or print name and title	asurer								
_			pe preparer's name	Pre	parer's signature		1	Date			, PTIN	
	aid			1 "	•					Check self-emp		
	epare	1	iomo N						E	s EIN ▶		
U	se Only								Phon			
M	v the IR		ddress ► s this return with the	preparer show	vn above? (s	ee instruction	ıs)		1 Frion		<u>Ye</u>	s No
_			ction Act Notice, see t					No 11	282V			990 (2013)
1.0	, rapeiw	· · · · · · · · · · · · · · · · · · ·	AULITURUE, 355 L	ooparato II			Ųα				. 5.111	(20.0)

Form 99	90 (2013) Page 2
Part	
1	
	Constitution of the consti
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part IIII 1 Briefly describe the organization's mission: See attached statement. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E2? 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? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 452,070 including grants of \$ 5.655) (Revenue \$ 69,336) Educational Program Teaches Christians about the Jewish roots of their faith and the biblical significance of Israel, Achieves this through speaking tours, seminars, conferences and the production and distribution of teaching materials. Keeps all persons interested in the work of the International Christian Embassy Informed and up-to-date about current programs and activities. 4b (Code:) (Expenses \$ 412,110 including grants of \$ 412,110) (Revenue \$ 19,060) 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.	
_	
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
4a	
	Keeps all persons interested in the work of the International Christian Embassy informed and up-to-date
4b	
	<u></u>
4c	
	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.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 371,281 including grants of \$ 344,872) (Revenue \$ 292,269) Total program service expenses ▶ 1,476,131
	TOTAL DE ONICE CADEITOS P

Form 99			F	age 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	▼	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			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	9		▼
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10		V
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	-	
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u>14a</u>	-	✓
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	! !	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
04	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or 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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b c	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		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		1
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	1	✓
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	29 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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	<u>990</u>	/2011

Part				
	Check if Schedule O contains a response or note to any line in this Part V	- 	Yes	_ <u>↓</u> □ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2 a	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 13			i
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
0-	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 3b		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		ļ
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	İ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
D	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	ranti.			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_1		
	required to file Form 8282?	7с	✓	ļ
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	i	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?NA			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			[
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds. Plot the organization make any taxable distributions under section 49662			نــــا
a	Did the organization make any taxable distributions under section 4900?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
a	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due of recorded from them.)	10-		
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			[
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash
-	Note. See the instructions for additional information the organization must report on Schedule O.	-		
b	Enter the amount of reserves the organization is required to maintain by the states in which			(i
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	\sqcup		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Van " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	1116	1	ſ

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> <u>.</u>			
Secti	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	<u>1a 6</u>			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
þ	Enter the number of voting members included in line 1a, above, who are independent .	1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re				
	any other officer, director, trustee, or key employee?		2	✓	
3	Did the organization delegate control over management duties customarily performed by or u	under the direct			1
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		1
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		V
6	Did the organization have members or stockholders?		6		/
7a	Did the organization have members, stockholders, or other persons who had the power to e				
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval				1
_	stockholders, or persons other than the governing body?		7b		_
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during	,		
	the year by the following:				
а	The governing body?		8a	√	
ь	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno				,
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Ĺ <u>.</u> ,	<u></u>
Secti	on B. Policies (This Section B requests information about policies not required by the	internai Reven	ue C		
40.	District of the first between the contract		40:	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	euch chapters	10a		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	· ·	11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	s iming the form:	119	┡ <u></u>	
12a			12a	1	 -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	1	-
c	Did the organization regularly and consistently monitor and enforce compliance with the p		120	'	
·	describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13	7	1
14	Did the organization have a written document retention and destruction policy?		14	1	<u></u>
15	Did the process for determining compensation of the following persons include a review a			<u> </u>	İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				ļ
а	The organization's CEO, Executive Director, or top management official		15a	1	
b	Other officers or key employees of the organization		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	3		1		l
	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to			L	
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► AK,AZ,CA,CO,FL,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990-T (Section	1 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	nts, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records	of the	•	
	Organization: Dani Hadding 1937 Radiald Rd. Murtragehoro, TN 37128, Tel. (615) 895-9830				

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raue	

Form	മരവ	ノクハイ	31

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensa	ted Employee	s, 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.

(A) Name and Title Na	Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any curren	nt officer, director	r, or trustee.
(do not check more than one per per per per per per per per per pe					(6	C)			, – -		
Control feet control state of the pours per control state of the pour cont	(A)	(B)							(D)	(E)	(F)
Comparison Com	* *	Average							Reportable	Reportable	
Comparison Com					dad			tee)	J '		
(11) Dr George Giacumakis 2			약절	DS.	유	Σ e	哥哥	길	the	organizations	
(1) Dr George Giacumakis 2			l red	<u>\$</u>	ᅙ	em /	ploy	mer	organization		
(1) Dr George Giacumakis 2			합합	Sna.	l	<u>ş</u>	8 8	1	(44-271099-141130)		
(1) Dr George Giacumakis 2		line)	🕸	ş		ee	n per				organizations
(1) Dr George Glacumakis 2			%	i e			sate				
President, Director					-	-	-		 		
(2) Rev. Malcolm Hedding 2	(1) Dr George Giacumakis	2					i				
Vice-President, Director			1	L.	✓			1_	0	0	0
(3) G. Allen Jackson 2		2	!								•
Director				<u> </u>		ļ	<u> </u>	_	0	0	0
Columbia		2		ĺ	١,	İ		ĺ	1		
Director		ļ <u>.</u>	<u> </u>	<u> </u>	✓	_	<u> </u>	<u> </u>	0	0	0
Color		2					ĺ			1	
Director		ļ	✓	_		_	ļ	↓_	0	0	0
Column C		44									
Secretary, USA Director		ļ.—		<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	}		22,680
(7) Daryl Hedding 40 93,034 0 0 0 (8) 93,034 0 (10) (11) (12)		40	,		,	١,				_	
Deputy Director		 	✓		/	'		-	70,127	0	0
(12) (13) (13) (13)		40	-			,				}	
(10) (11) (12) (13)			<u> </u>	 		V	 -	├	93,034	0	0
(10) (11) (12) (13)	_(8)	 									
(11) (12) (13)	(9)						-				
(12)	(10)							<u> </u>	<u> </u>		
(13)	(11)							-			
(13)				_	_	_	ļ	_		<u></u>	
	(12)	 									
(14)	(13)					-					
	(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (continu	ıed)		
	(C)													
	(A)	(B)	ge box, unless person is both						(D)	(E)			(F)	
	Name and title	Average							Reportable	Reportable			imated	
		hours per week (list any			_	irect	or/trust	·	compensation from	compensation related	1 trom		ount of other	
		hours for	유표	insi	Officer	ξe	em _J	Former	the	organizatio	ns		ensatio	חכ
		related	를	뺩	cer	en en	ploy	me	organization	(W-2/1099-N	iisc)	-	m the	
		organizations below dotted		Institutional trustee		Key employee	Highest compensated employee	`	(W-2/1099-MISC)				ınızatıor related	
		line)	l Dis	t		yee	귷	l					nızatıon	
			8	ste			nsa	ĺ	'		i			
				l º			ted	ļ						
(15)														
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(16)														
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(10)		}	1					l			}			
(40)		 						├-	 					
(19)		}	}								İ			
(00)		 -		-					 		}			
(20)									1		1			
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(22)														
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(23)														
								<u>L</u>						
(24)									!					
										_				
(25)														
						!					ľ			
1b	Sub-total							▶	163,161		0			22,680
С	Total from continuation sheets to Part	VII. Sectio	n A					▶	0		0			
d	Total (add lines 1b and 1c)							▶	163,161	·	0		:	22,680
2	Total number of individuals (including but							5) W		ore than \$1) of		,000
-	reportable compensation from the organi						2001	٠,	110 10001100 1111	515 thair 4 1	30,000			
		<u> </u>											Yes	No
3	Did the organization list any former of	ficer, direc	tor. o	r tr	uste	ee.	kev e	eme	olovee, or high	est compe	nsated	1 [1.00	
	employee on line 1a? If "Yes," complete s											3		7
4	For any individual listed on line 1a, is the												+	 *
•	organization and related organizations												'	1
	individual	grouter an	ωι, φ.					-, 				4		1
5	Did any person listed on line 1a receive of	r accrise co	· ·	neat	ion	fror	n anv		related organiz	etion or inc	ividus		+	 •
3	for services rendered to the organization											" 5		المرخا
Castis		17 700, 0	Ompi		-				don person		<u> </u>		<u> </u>	
	on B. Independent Contractors										- 0400	2.000		
1	Complete this table for your five highest of													
	compensation from the organization. Rep	on compe	nsauc	on ic	or un	ie C	alend	ar y	rear ending wit	n or within	.ne org	janizani	on s a	ах
	year.													
	(A) Name and business add	rone							(B) Description of s	00,000		(C) Compens		
		—————						╙	- Description of s	El VICES		Compens		
None.								<u> </u>						
								<u> </u>						
								<u> </u>						
								$ldsymbol{f eta}$						
		_												
2	Total number of independent contracto							th	iose listed abo	ove) who	,			
	received more than \$100,000 of compens	ation from	the o	rgan	nizat	lion	>		None.					- 1

Par	t VIII						_
		Check if Schedule O contains a re-	sponse or note to	any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated campaigns 1a	0				
ᄪ	Ь	Membership dues 1b			į.		
€ ق	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, C	e	Government grants (contributions) 1e	0				
tion sr. S	f	All other contributions, gifts, grants,					,
ig ig		and similar amounts not included above 1f	1,420,326	1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	0				
<u>ട്</u>	h	Total. Add lines 1a-1f		1,420,326			
<u>e</u>	ł		Business Code				
Ver	2a	Feast Income	561920	236,302	0	_ 0	236,302
<u>~</u>	b	Educational Tour Income	561599	63,796	0	0	63,796
<u>Ğ</u> .	C						
Program Service Revenue	d	•					
Ē	е						
<u>ē</u>	f	All other program service revenue.					
	3	Total. Add lines 2a–2f		300,098			
	"	and other similar amounts)		74			
	4	Income from investment of tax-exempt b	L	71	0	0	71
	5	Royalties		· · · · · · · · ·			
	•	(i) Real	(ii) Personal				
	6a	Gross rents					,
	b	Less: rental expenses					
	С	Rental income or (loss)			j		
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				,
		assets other than inventory					
	b	Less: cost or other basis]		1		
		and sales expenses .			i	[
	C	Gain or (loss)					
	d	Net gain or (loss)	· · · · •				
Revenue	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18 a					
Other	ь	Less: direct expenses b		1		j	
١	С	Net income or (loss) from fundraising	events . ►		-		
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
i	b	Less: direct expenses b				1	
	C	Net income or (loss) from gaming act	ıvitıes ▶				
	10a	Gross sales of inventory, less		1	İ		
		returns and allowances a				j	
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inv					·
		Miscellaneous Revenue	Business Code				
Ì	11a		 				
	b						
ļ	C	All other reverse					
	d	All other revenue	L				
1	е 12	Total. Add lines 11a-11d	🗲	1 700 405			

Part IX Statement of Functional Expenses

	clude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	nd 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to governments and panizations in the United States. See Part IV, line 21	0	0	-	
	ants and other assistance to individuals in Europe United States. See Part IV, line 22	0	0	, ,	•
org	ants and other assistance to governments, ganizations, and individuals outside the ited States. See Part IV, lines 15 and 16	762,637	762,637		
	enefits paid to or for members	0	0		
tru	stees, and key employees	163,161	78,381	83,221	1,559
per	mpensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B)				
	her salaries and wages	0 212,210	0 75,226	133,304	3,68
8 Per	nsion plan accruals and contributions (include ction 401(k) and 403(b) employer contributions)	9,729	3,449	6,111	3,06
	her employee benefits	35,156	12,296	22.084	610
	yroll taxes	33,375	9,660	23,314	40
	es for services (non-employees):				
	anagement	0	0	0	
	gal	18,350	0	18,350	
	counting	16,500	0	16,500	
	bbying	0	0	0	
	ofessional fundraising services. See Part IV, line 17	0		- '.'	
g Oth	restment management fees	50	0	50	
	lvertising and promotion	222,758	123,071	10,727	88,96
	fice expenses	153,425	8,893	92,244	52,28
	ormation technology	50,719	43,280	7,431	
	yalties	446	446	0	
	cupancy	16,708	0	16,708	
17 Tra	avel	76,213	75,271	942	
	yments of travel or entertainment expenses any federal, state, or local public officials	0	0	0	
19 Co	inferences, conventions, and meetings .	238,103	238,103	0	
	erest	0	0	0	
21 Pa	yments to affiliates	0	0	0	
	preciation, depletion, and amortization .	905	0	905	
	surance	3,240	0	3,240	
abo line	ner expenses. Itemize expenses not covered by the covered expenses in line 24e. If the covered expenses in line 24e. If the covered expenses of line 25, column amount, list line 24e expenses on Schedule O)				
a Ma	iling List & Other Services	34,813	0	0	34,81
b Fac	cility Rental	45,252	45,252	0	
	gistrations	2,350	0	0	2,35
	operty Taxation	1,000	0	1,000	
	other expenses	0	0	0	
	tal functional expenses. Add lines 1 through 24e	2,097,100	1,476,131	436,131	184,83
org fror fun	nt costs. Complete this line only if the anization reported in column (B) joint costs in a combined educational campaign and draising solicitation. Check here ▶ ☐ if				
follo	owing SOP 98-2 (ASC 958-720)	0	0	0	

Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this I	Part X		
		onedkii ooneddio o oondano a rooponoe or note to ary iiro iir ano	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	478,576	1	435,799
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
į	4	Accounts receivable, net	9,929	4	10,56
,	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees.		_	,
		Complete Part II of Schedule L	0	5	·
	_	Loans and other receivables from other disqualified persons (as defined under section			
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		50	,
		organizations (see instructions). Complete Part II of Schedule L	0	6	<u> </u>
ASSEIS	7		0	7	
2	7	Notes and loans receivable, net	0	8	
•	8	Inventories for sale or use		<u> </u>	- (
	9	Prepaid expenses and deferred charges	14,666	9	20,396
	10a	Land, buildings, and equipment: cost or	′	İ.	, ,
		other basis. Complete Part VI of Schedule D 10a 5,95		- <u></u> -	
	b	Less: accumulated depreciation 10b 2,45			3,499
	11	Investments—publicly traded securities	5,070		7,405
	12	Investments—other securities. See Part IV, line 11	0		
	13	Investments-program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	860,000	15	378
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,372,645	16	478,045
ı	17	Accounts payable and accrued expenses	141,397	17	90,489
į	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
စ္က	22	Loans and other payables to current and former officers, directors,			,
		trustees, key employees, highest compensated employees, and			, ,
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	(
Ĕ	23	Secured mortgages and notes payable to unrelated third parties .	0	23	(
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	469,470	25	
	26	Total liabilities. Add lines 17 through 25	610,867	1	90,489
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ ar	nd		,
es		complete lines 27 through 29, and lines 33 and 34.		ł	}
ב	27	Unrestricted net assets	717,445	27	322,34
9	28	Temporarily restricted net assets	44,333		65,21
9	29	Permanently restricted net assets	0		50,2,1
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			·
Net Assets of Fund balances	ı	complete lines 30 through 34.		1	,
9	30	Capital stock or trust principal, or current funds	0	30	
ָהָ הַ	31	Paid-in or capital surplus, or land, building, or equipment fund	0		
ő	32	Retained earnings, endowment, accumulated income, or other funds	0		
וו	33	Total net assets or fund balances		-	
Ž			761,778	-	387,556
	34	Total liabilities and net assets/fund balances	1,372,645	34	478,045 Form 990 (2013

orm 9	90 (2013)		Pa	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)		1,72	0,495
2	Total expenses (must equal Part IX, column (A), line 25)		2,09	7,100
3	Revenue less expenses. Subtract line 2 from line 1		(37	6,605)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		76	31,77 <u>8</u>
5	Net unrealized gains (losses) on investments			2,385
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			(2)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		38	37,55 <u>6</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:	'		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	Ì		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			l i
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2013)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						E	Employer id	dentification	n number	_	_
	national Christian E									79378		
_			rity Status (All orga						nstruction	ons.		
1 2 3 4	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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	***************************************											
6 7												
8 9	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 											
e		ndation manage	II c Type III that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl		or more	disqualifi	ied perso	ons
f	organization, o	check this box								oe III sur	-	
g	following pers	ons?	he organization accep ndirectly controls, eitl					-		nd	Yes N	No
	• •		ody of the supported on described in (i) abo	•						11g(i 11g(ii	$\overline{}$	
h			a person described in ion about the support						· · ·	11g(iii	<u> </u>	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?		nt of mone	tary
				Yes	No	Yes	No	Yes	No			
(A)								 				
(B)												
(C)	 											
(D)	· · · · · · · · · · · · · · · · · · ·											
(E)								 				
			}	}	1	}	İ	}	1	1		

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not

	include any "unusual grants.")	1,260,504	1,172,442	1,486,152	1,421,689	1,420,326	6,761,113
2	Tax revenues levied for the			l	·		
	organization's benefit and either paid]	j				
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities	1					
	furnished by a governmental unit to the	!		Ì			
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,260,504	1,172,442	1,486,152	1,421,689	1,420,326	6,761,113
5	The portion of total contributions by	(
	each person (other than a	}	}				
	governmental unit or publicly]	ļ			i Į	
	supported organization) included on		ļ			İ	
	line 1 that exceeds 2% of the amount	[[ĺ	
_	shown on line 11, column (f)						44,723
6	Public support. Subtract line 5 from line 4.	L					6,716,390
	on B. Total Support		71.0040	() 00(4	4.0.004.0		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,260,504	1,172,442	1,486,152	1,421,689	1,420,326	6,761,113
8	Gross income from interest, dividends, payments received on securities loans,	}		i l			
	rents, royalties and income from similar	. ,	}				
	sources	215	281	186	168	71	921
9	Net income from unrelated business	213	201	100	100		<u> </u>
•	activities, whether or not the business						
	is regularly carried on	o	o	o	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		Į				İ
	(Explain in Part IV.)	0	0	0	0	0	. 0
11	Total support. Add lines 7 through 10						6,762,034
12	Gross receipts from related activities, etc	•				12	1,132,630
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u></u>	<u> </u>	· · • 🔽
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line					14	99.32 %
15	Public support percentage from 2012 Scl					15	89.43 %
16a	331/3% support test—2013. If the organibox and stop here. The organization qua						.
_		*		-			-
b	331/3% support test—2012. If the organ check this box and stop here. The organ					13 15 33 73 70	or more, . ► □
44.	·	•	•	• • •			_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me	ונ. וז the orgal	nization did no	ot check a box	on line 13, 16	a, or 160, and od eton bere 5	IINO 14 IS Evoluio in
	Part IV how the organization meets the "f						
	organization						
b	10%-facts-and-circumstances test – 20						_
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						
18	Private foundation. If the organization di						
	instructions			<u></u>	<u></u>		. 🕨 🗆

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization raile to duality	***************************************					
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011_	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	}					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			[
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		!				
4	Tax revenues levied for the						
•	organization's benefit and either paid		İ				
	to or expended on its behalf				·	j	
5	The value of services or facilities						
9	furnished by a governmental unit to the		ļ			}	
	organization without charge						
6	Total. Add lines 1 through 5						
6 7a			<u> </u>				
	received from disqualified persons .					j	
		 	 				
ь	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				ļ		
	or 1% of the amount on line 13 for the year				!		
_	Add lines 7a and 7b						
С 8	Public support (Subtract line 7c from	العامرين فرأي الراء		J. 16 13.34	2,15	32 12 35 F	
0	line 6.)				1, 5, 7, 5	Marie Aller Fr	
Sacti	on B. Total Support	2 15 1 5 - 1 3 - 24	<u>5765 45 85</u>	1000	عمورة والأفاء	Se Felling & Market of	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(6) 2010	(0) 2011	(d) <u>2</u> 012	(6) 2010	
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties and income from similar sources .			ı			
b	Unrelated business taxable income (less		-				
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					f	
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets					ĺ	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		 				
	and 12.)			İ			
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line			3, column (f))		15	%
16	Public support percentage from 2012 Scl						%
	on D. Computation of Investment In						<u></u>
17	Investment income percentage for 2013 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012		• • •			18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz	=	=				
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	_	-			

Schedule A (F	chedule A (Form 990 or 990-EZ) 2013 Page 4							
Part IV	Supplemental Part III, line 12.	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions).						
			_					
		***************************************	.					
			.					
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			•					
·		······································						
·		······································						
			· -					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► 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.

Part IV, line 6, 7, 6, 9, 10, 11a, 11b, 11c, 11c, 11c, 11c, 11c, 11c.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 20 **13**

Open to Public Inspection

Employer identification number Name of the organization 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 Aggregate contributions to (during year) . 2 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 Conservation Easements. Part II 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 ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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 7 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X .

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rage	~

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar Ass	ets (co	ntinue	d)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follov	ving that are a sig	gnificant	use of	its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams			
b	☐ Scholarly research									
С	Preservation for future generation									
4	Provide a description of the organiza XIII.	tion's collections a	and expla	an how t	hey further	the org	janization's exem	pt purpo	se in P	'art
5	During the year, did the organization							•		
	assets to be sold to raise funds rather		ined as p	oart of the	e organizati	on's co	llection?	☐ Ye	s 🔲 N	<u> </u>
Part				_						
	Complete if the organization 990, Part X, line 21.								Form	
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌 t	чo
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing to	able:					
							Am	ount		
С	Beginning balance					10	<u> </u>			
d	Additions during the year					1d	<u> </u>			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou									Vο
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	cplanatio	n has been	provide	ed in Part XIII .	<u></u>		
Par										
	Complete if the organization									
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years back	(e) Four	years bad	ck_
1a	Beginning of year balance							ļ		
b	Contributions				ļ					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses							L		
g	End of year balance									
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	j, column (a)) held	as:			
а	Board designated or quasi-endowme	nt >	_%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in th	e possession of th	e organi	zation the	at are held	and ad	ministered for the	, _		
	organization by:								Yes N	lo_
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended use		n's endo	wment f	unds.					
Part										
	Complete if the organization				 ,					
	Description of property	(a) Cost or oth			or other basis other)	de	Accumulated epreciation	(d) Bool	< value	
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment				5,952		2,453		3,4	199
е	Other									_
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part)	<, column	n (B), line 10)(c).)	>		3,4	199

Part VII	Investments — Other Securities. Complete if the organization answered "Y	'es" to Form	990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests	[
(3) Other					
(A)					
(B) (C)				 	
(D)				 	
(E)					
(F)		- -			
(G)				<u> </u>	·
(H)			<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Y	es" to Form	990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)				ļ. <u> </u>	
				 	
(5)				 	
(6)			 	ļ	
<u>(7)</u>					
(9)		-		 	
	b) must equal Form 990, Part X, col. (B) line 13)		 		
Part IX	Other Assets.			<u> </u>	
	Complete if the organization answered "Y	es" to Form	990, Part IV, line	e 11d. See Form	
	(a) Description	n 			(b) Book value
					
(2)	 				_
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	15.)	<u></u>	<u></u> ▶	<u></u>
Part X	Other Liabilities. Complete if the organization answered "Y line 25.	es" to Form	990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	 	Book value			
(1) Federal in	ncome taxes		_		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	··				
(9)	b) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, provide the text	of the footpot	e to the organization	n's financial stateme	nts that reports the
	s liability for uncertain tax positions under FIN 48 (AS				

_			
Р.	ao	e	4

Part		eturn.
	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1 1 722 879
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,722,879
a b	Net unrealized gains on investments	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e		2e 2,384
3	Subtract line 2e from line 1	3 1,720,495
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1,120,400
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
С		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,720,495
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 2,097,101
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	3, 21
C	Other losses	S. I
d	Other (Describe in Part XIII.)	
е	· · · · · · · · · · · · · · · · · · ·	2e 1
3	Subtract line 2e from line 1	3 2,097,100
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
_		5 2.097.100
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,097,100
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.
Round	ing	(1)
Recon	ciliation of Expenses per Audited Financial Statements with Expenses per Return	
Round	ing	1
		·

Schedule D (Fo	om 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		
	•••••••••••••••••••••••••••••••••••••••	
·		
	······································	
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047 2013

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number International Christian Embassy Jerusalem - USA, Inc. 62-1279378 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is offices in the region region (by type) (e g , fundraising, program services, investments, employees, agents, and a program service, describe specific type of and investments service(s) in region independent in region grants to recipients located in the region) in region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16) (17)Sub-total Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grent	(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)
)			Europe	General Support	44,250	Wire Transfer	None		
)			Middle East	General Support	718,387	Wire Transfer	None		
)	` . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					<u> </u>			
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		ı							
)									
0)									
1)	- -								
 2)									
3)									
4)									
5)									
6)	····								
2 E				isted above that are re			untry, recognized as t	ax-exempt	3

Schedule F (Form 990) 2013

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

Part III can be dup	licated if additional spi	ace 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 (book, FMV, appraisal, other)
(1) Food, shelter & clothing	Middle East	4	49,530	Check/Wire Trf	None		
(2)			-,	ļ. <u>.</u>			
(3)	<u> </u>						
(4)							
(5)					<u> </u>		
(6)							
(7)							
(8)							
(9)							
(10)							
(11)					<u> </u>		
(12)							<u> </u>
(13)					<u> </u>		
(14)							
(15)							
(16)							
(17)							
(18)							

Page	4

Part	V	Foreign Forms		·
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926)	☐ Yes	□ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	□ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	□ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I. (see Instructions for Form 8621)	Yes	□ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865)	☐ Yes	□ No
6	"Yes	he organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713)	☐ Yes	□ No

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

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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Name of the organization

Employer identification number

Part I	nal Christian Emb Excess Bene	fit Transaction	s (section 501	(c)(3)	and sect	ion 501(c)(4) org	anızations only)			27937			
	Complete if the	e organization	answered "Ye	s" on	Form 99	0, Part IV, I	line 25	a or 25b, or Fo	rm 990	0-EZ,	Part \	√, line	40b.	
1 (a)) Name of disqualified	person	(b) Relationship be	etween organiz		person and	ļ	(c) Descriptio	n of trar	nsaction	ר		(d) Con	
(4)							 -	 -					Yes	No
(1)							 -							
(2)							┼─-							
(4)							 							
(5)	·· -						 - -							
(6)							 -							
2 Er	nter the amount nder section 4958		-		-	-		ied persons du	_	٠.	ar ▶ \$			
3 Er	nter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatior	ı		1	\$			
Part II	Complete if th		answered "Ye	s" on				38a or Form 9	90, Pa	rt IV,	line 2	6; or 1	f the	
	organization r	eported an amo	ount on Form 9	990, P	art X, lin	e 5, 6, or 2	2. ——–		,		_			
(a) Name	of interested person	(b) Relationship with organization	on loan fr		oan to or om the nization?	(e) Origir principal an				(g) In default?		(h) Approved by board or committee?		ntten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)				<u> </u>					<u> </u>					
(3)		ļ			ļ				↓					
(4)				 					<u> </u>					
(5)									ļ	L				
(6)									<u> </u>	ļ				
(7)					<u> </u>				 	<u> </u>				
(8)				ļ					1				ļ	
(9)		ļ		<u> </u>					↓	<u> </u>				
(10)		<u> </u>	L	<u> </u>		L			ļ	L	ļ		<u> </u>	
Total .		<u></u>				<u>· · · · · · </u>	<u>.▶_</u>	\$	<u> </u>	:	L	3,3	<u> </u>	
Part III	Grants or Ass Complete if the	sistance Beneral e organization	fiting Interest answered "Ye	ed Pe s" on	rsons. Form 99	0, Part IV, I	line 27	·						
(a) Nam	ne of interested persor	(b) Relations person a	ship between inter and the organization	ested on	(c) Amount	of assistance	(d) Type of assistance	се	(e)	Purpo	se of a	ssistan	се
(1)														
(1) (2)]			I				
(2)														
(2) (3)														
(2) (3) (4) (5)														
(2) (3) (4)														
(2) (3) (4) (5) (6)														
(2) (3) (4) (5) (6) (7)														

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	anng of zation's nues?						
					Yes	No						
(1) Dary	t Hedding	Son of M. Hedding	93,034	Employment		1						
(2)												
(3)					_	┼						
(4)						 						
(5) (6)						┼──						
(7)		- 										
(8)					<u> </u>	<u> </u>						
(9)						<u> </u>						
(10)						<u> </u>						
Part V	Supplemental Information Provide additional information	n for responses to questions	s on Schedule L (see	instructions).								

				·								

		••••••••••••••••••••••••••••••••••••••										
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SCH	ΞDL	ILE	N	
(Form	990	or 9	90-	EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
► Attach certified copies of any articles of dissolution, resolutions, or plans.

2013 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer Identifi

Name of the organization

International Christian Embassy Jerusalem - USA, Inc

62-1279378

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of reciplent	(f) Name and address of reciplent	(g) IRC section of recipient(s) (if tex-exempt) or type of entity
						-	
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			Yes	Ž
2	Did or will any officer, director, trustee, or key employee of the organization			
а	Become a director or trustee of a successor or transferee organization?	2a		
ь	Become an employee of, or independent contractor for, a successor or transferee organization? .	2b		
С	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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

Cat No 50087Z

Schedule N (Form 990 or 990-EZ) (2013)

Part I	l liguidation Tompination		Schedule N (Form 990 or 990-EZ) (2013)								
	Part Liquidation, Termination, or Dissolution (continued)										
	Note. If the organization distribute (Total liabilities), should equal -0-	ed all of its as	sets during the tax	year, then Form 990	, Part X, column (B)	, line 16 (Total assets), and line 2	6	Yes	No		
3	Did the organization distribute its as	sets in accordar	nce with its governing	instrument(s)? If "No,	" describe in Part III		3				
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?						4a				
	If "Yes," did the organization provide such notice?						4b				
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?				5						
6a	Did the organization have any tax-exempt bonds outstanding during the year?						6a				
					accordance with the I	nternal Revenue Code and state laws?	6b				
С	If "Yes" to line 6b, describe in Part I	II how the organ	ızatıon defeased or ot	herwise settled these	liabilities If "No," exp	plain in Part III					
Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.											
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of reciplent	(g) IRC s reciple tax-exem of e	nt(s) (if ot) or ty	•		
Sale of	residential real estate	04/30/2013	860,000	Quoted price	N/A	N/A	N,	Ά.			
a b c d	Did or will any officer, director, trust Become a director or trustee of a su Become an employee of, or indeper Become a direct or indirect owner o Receive, or become entitled to, com If the organization answered "Yes" t	accessor or trans adent contractor of a successor or apensation or oth	oferee organization? for, a successor or tra transferee organizationer similar payments a	ansferee organization on? as a result of the orgal	nization's significant o	•	2a 2b 2c 2d	Yes	No		

Schedule N (F	orm 990 or 990-E∠) (2013) Page 3
Part III	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
Part II Sale,	Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.
The resider	stial real estate was originally donated to the organization and held for resale. The sale went through in April 2013 to a private
buyer. Proc	eeds from the sale were used to support the organization's program services.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number				
International Christian Embassy Jerusalem - USA, Inc.	62-1279378				
Part III, Statement of Program Service Accomplishments					
Line 4d Other program expenses					
{Expenses \$ 199,897 including grants of \$ 199,897 } (Revenue \$ 157,169)					
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 \$118,039 including grants of \$118,039) (Revenue \$106,255)					
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.					
(Expenses \$ 29,129 including grants of \$ 3,653) (Revenue \$ 23,015)					
General use - ICEJ Jerusalem					
For providing transportation and supervision needs in order to accomplish work in Israel.					
(Expenses \$ 22,093 including grants of \$ 22,093) (Revenue \$ 5,830)					
Operation Hope Assistance Program					
Provides shelter and rehabilitation for Christian refugees who have fled to Israel to escape religious persecution.					
(Expenses \$ 1,190 including grants of \$ 1,190) (Revenue \$ 0)					
Arise 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) (2013)	Page 2
Name of the organization	Employer identification number
International Christian Embassy Jerusalem - USA, Inc.	62-1279378
(Expenses § 933 including grants of § 0) (Revenue § 0)	
Special Conferences Program	
For the organization of educational meetings relating to the Biblical significance of Israel and the humanit	arian
needs of the Middle East in various locations.	
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 approval is given b	y Susan Michael,
USA Director, 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 each Board π	nember.
Section B, Line 15 Compensation	
Compensation is compared to other non-profit organization salaries via the annual compensation review of	conducted by
The Washington Council of Agencies. The board, which is comprised of a six to one ratio of 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 to the public	c as requested
via mail, email or phone. The most recent copy of the organization's Form 990 return and Audited Financia	al Statements are posted on the
organization's website (icejusa.org).	
Part XI, Line 5 Other changes in net assets or fund balances	
Rounding	
Total Other Changes in Net Assets	
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Attachment - Part I, Line 1 & Part III, Line 1 - Form 990 - 2013 Statement of Program Service Accomplishments

Organization's Mission

The International Christian Embassy Jerusalem was established in 1980 in recognition of the biblical significance of all of Jerusalem and its unique connection to the Jewish people. Today, it represents millions of Christians, churches and denominations to the nation and people. We recognise in the restoration of the State of Israel God's faithfulness to His ancient covenant with the Jewish people.

Our main objectives are:

- To stand with Israel in support and friendship
- To equip and teach the worldwide Church regarding God's purposes with Israel and the nations of the Middle East
- To be an active voice of reconciliation between Jews, Christians and Arabs and to support the churches and congregations of the Holy Land

Our work with its head office in Jerusalem reaches more than 140 countries with branch offices in over 70 nations.