



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



Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		INTERNATIONAL CHRISTIAN FELLOWSHIP		23-7003556	
<input type="checkbox"/> Name change		Number & street (or P.O. box, if mail is not delivered to street addr.)		E Telephone number	
<input type="checkbox"/> Initial return		17675 SW FARMINGTON RD PMB 458		(503) 848-8428	
<input type="checkbox"/> Final return/terminated		Room/ suite			
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number	
<input type="checkbox"/> Application pending		BEAVERTON OR 97007		►	

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
--	--	--	--	--	--

I Website: ► N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 5,660

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received			1	5,660
	2 Program service revenue including government fees and contracts			2	
	3 Membership dues and assessments			3	
	4 Investment income			4	
	5a Gross amount from sale of assets other than inventory	5a		5c	
	b Less: cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		of contributions			
c Less direct expenses from gaming and fundraising events	6b				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c		6d		
7a Gross sales of inventory, less returns and allowances	7a				
b Less: cost of goods sold	7b		7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)			8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		►	9	5,660	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	2,355
	11 Benefits paid to or for members			11	
	12 Salaries, other compensation, and employee benefits			12	
	13 Professional fees and other payments to independent contractors			13	2,373
	14 Occupancy, rent, utilities, and maintenance			14	370
	15 Printing, publications, postage, and shipping			15	46
	16 Other expenses (describe in Schedule O)			16	1,540
	17 Total expenses. Add lines 10 through 16		►	17	6,684
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-1,024
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	33,926
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	-329
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		►	21	32,573

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

95

14

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	34,314	22 32,573
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	34,314	25 32,573
26 Total liabilities (describe in Schedule O)	388	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,926	27 32,573

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

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

What is the organization's primary exempt purpose? CHARITABLE CHURCH ORGANIZATION

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

28	SEE ATTACHMENT #1		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	►	32
0			

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #2				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b X

b Did the organization file Form 1120-POL for this year? 38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b 39a 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ► 40b X

b Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c 40d 40e X

c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40f 40g 40h 40i 40j 40k 40l 40m 40n 40o 40p 40q 40r 40s 40t 40u 40v 40w 40x 40y 40z 40aa 40ab 40ac 40ad 40ae 40af 40ag 40ah 40ai 40aj 40ak 40al 40am 40an 40ao 40ap 40aq 40ar 40as 40at 40au 40av 40aw 40ax 40ay 40az 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa <input

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
49a		

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

49a		
49b		

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

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

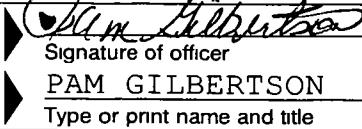
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

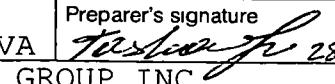
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

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

Sign Here		Date 4/25/14
	Signature of officer PAM GILBERTSON	PRESIDENT
	Type or print name and title PAM GILBERTSON	

Paid Preparer Use Only	Print/Type preparer's name SVETLANA TASKAEVA	Preparer's signature 	Date 4/23/15	Check <input type="checkbox"/> if self-employed	PTIN P01243966
	Firm's name HRB TAX GROUP INC			Firm's EIN 431871840	
	Firm's address 10477 SW BEAVERTON HILLSDALE			Phone no.	503-643-9723

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

LINE 10, 990 EZ: -

Employer identification number
23-7003556

ROD PARSLEY 300 -

TBN 325 -

MARYLIN HICKEY 240 -

BENNY HINN 300 -

LIFE OUTREACH 300 -

BGEA 230 -

CBN 120 -

ST JUDE 270 -

EASTER SEALS 20 - TOTAL: 2105

LINE 16, 990-EZ: -

BUILDING INSURANCE 1092 -

STATE FILING FEE 50 -

PO BOX RENT 84 -

LOCKSMITH 314 - TOTAL: 1540

LINE 20, 990-EZ: -

UNCLEARED 2013 CHEKS WHICH WERE ACCOUNTED FOR ON 2013 RETURN -

IN AMOUNT OF \$329 -

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

Employer Identification Number

23-7003556

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
------------------------	--------------------------------	--------------------------

Exempt Purpose Achievements

TO SUPPORT SMALL CHARITABLE ORGANIZATIONS AND CHURCHES AROUND THE WORLD

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

Employer Identification Number
23-7003556

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
PAM GILBERTSON ORGANIZER	0.50	0	0	0
SHANNON GILBERTSON-WRENCH SECRETARY	0.30	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

INTERNATIONAL CHRISTIAN FELLOWSHIP

Employer Identification Number

23-7003556

Part V - Line 42a

Individual Name

PAMELA GILBERTSON

or

Business Name:

Street Address

PMB 458

U.S. Address.

Zip code 97007

City ALOHA

State OR

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(503) 848-8428

Fax Number

2014 DETAIL STATEMENTS

INTERNATIONAL CHRISTIAN FELLOW
23-7003556

PAGE 1

STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

TAX PREPARATION.....	125
ATTORNEY FEE.....	2,248
TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	2,373
