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Form	3	Η,	U	

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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<u> </u>	For the	2015 calendar year, or tax year beginning , 2015, and e				, 20						
В	Check if a	applicable C Name of organization International Christian Embassy Jerusalem - USA	, Inc.		DEmploy	er identification n	umber					
	Address of	change Doing business as				62-1279378						
	Name cha	ange Number and street (or PO box if mail is not delivered to street address) Roc	om/suite	1	E Telepho	ne number						
	Initial retu	m PO BOX 332974			6158959830							
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amended	return Murfreesboro, TN 37133		Į.	G Gross re	eceipts \$	3,211,437					
		on pending F Name and address of principal officer Susan Michael, US Director		H(a) Is this a gro	up return for	subordinates? Yes						
	, ,	PO BOX 332974, Murtreesboro, TN 37133				s included? Te						
$\overline{}$	Tax-exem		27			list (see instruction						
	Website:			H(c) Group e	exemption	number >						
<u>K</u>		ganization		1986		of legal domicile	DC					
Ď	art I	Summary	omaton	1300	T III OILLIO	Or regar dominate	DC_					
		Briefly describe the organization's mission or most significant activities: Se	oo attach	od statem	ont							
Ф	' '	briefly describe the organization's mission of most significant activities.	ee allacii	icu statelli								
Activities & Governance	-											
Ĕ	1 2 7	Charlethia have Notifithe arganization dispositively to appositions are dispositive.		oro than	250/ of							
Š		Check this box \blacktriangleright if the organization discontinued its operations or dispos	sea or n	iore man	1 1	ns net assets. I	_					
Ğ	1	Number of voting members of the governing body (Part VI, line 1a)			3		7					
δ. 20	1	Number of independent voting members of the governing body (Part VI, line			4		4					
ite	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		17					
€		Total number of volunteers (estimate if necessary)			6		4					
⋖	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0					
	b I	Net unrelated business taxable income from Form 990-T, line 34			7b		0					
			Prior Yea	er 	Current Y	ear						
9	8 (Contributions and grants (Part VIII, line 1h)	2,	618,792		3,263,614						
ĕ	1	Program service revenue (Part VIII, line 2g)		229,093	· · · · · · · · · · · · · · · · · · ·	71,980						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		192		471						
•	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		(11,500)						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	2,	848,077		3,324,565					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			054,957		1,670,060					
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	· L_		0		0					
Se	15 3	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10	0)		434,290		566,407					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	· [21,440		36,300					
ğ	b 7	Fotal fundraising expenses (Part IX, column (D), line 25) ▶519,44	47	(4)	<u> </u>		1. W. S.					
Ü	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. [816,194		1,075,693					
	18 1	Total expenses. Add lines 13-17 (must equal Part 1) column (A), line 25)		2,	326,881		3,348,460					
	19 F	Revenue less expenses. Subtract line 18 from line 12			521,196		(23,895)					
580		16 CANN 12 0 - 150	Begi	nning of Cur	rent Year	End of Y	ear					
Assets 1 Balanc	20	Total assets (Part X, line 16)		1,	071,733		1,066,052					
		Total liabilities (Part X, line 26)			164,168		181,490					
25	22 1	Net assets or fund balances Subtract line 21/from line 20			907,565		884,562					
Pa	art II 📄	Signature Block										
Un	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to th	e best of r	my knowledge an	d belief, it is					
tru	e, correct,	and complete. Declaration of preparer fother than officer) is based on all information of which pro	eparer has	any knowle	dge							
		1 2 Still Cul			4/13	1/6	_					
Sig	jn	Signature of officer		Date	9	7						
He	re	G. Allen Jackson, Treasurer										
		Type or print name and title										
Pa		Print/Type preparer's name Preparer's signature	Date		Check	T # PTIN						
					self-em							
	eparer		_•	Firm	's EIN ▶							
US	e Only	Firm's address ►		Phor								
Ma	y the IRS	6 discuss this return with the preparer shown above? (see instructions)				Ye	s 🗌 No					
			Cat No 1	1282Y			990 (2015)					
		· · · · · · · · · · · · · · · · · · ·					/					

Form 99	00 (2015) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See attached statement.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expended, and forender, if any, for each program confloor reported.
4a	(Code:) (Expenses \$ 545,519 including grants of \$ 545,519) (Revenue \$ 21,332)
	General Aid to Israel Program
	To support the main work of the ICEJ in Israel, which carries out the many humanitarian projects and relief efforts
	of the organization throughout the land, touching every population group.
	······································
4b	(Code:) (Expenses \$ 508,330 including grants of \$ 74,434) (Revenue \$ 78,021)
	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.
4c	(Code:) (Expenses \$ 481,034 including grants of \$ 481,034) (Revenue \$ 302,828)
	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,
	aldanis disabled lane solding assurements and south for the
	eiderry, disabled, lone soldiers, new immigrants and needy families.
	Other program convene (Decembe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 758,711 including grants of \$ 569,073) (Revenue \$ 657,676)
4e	(Expenses \$ 758,711 including grants of \$ 569,073) (Revenue \$ 657,676) Total program service expenses ▶ 2,293,594
	TOTAL MONTH COLUMN BANGLISES P CLESSISSA

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	√	
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		✓
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		>
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	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			į
	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
	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
	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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		√
12 a	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (Continued)			
	Did the annuity to a support of the second of the Complete Consequent	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	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), 501(c)(4), and 501(c)(29) 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	•	1
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 "Yes," complete Schedule L, Part II	26		1
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):	446	* 1	
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	✓	1
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		√
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		_
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	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	

Part				
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	. ✓ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	1		C-1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	<i>√</i>	7732
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		John	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Services A	V 10 1
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	173.13	7
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1.70	MATE
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-31		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		┼
С	required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year . See Sch.O	33.0	-3	1-:
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?N/	^ 7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		400	13:x/
	sponsoring organization have excess business holdings at any time during the year?	8	10.5 of h. "#4	10 P . (6.) T
9	Sponsoring organizations maintaining donor advised funds.	me		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	5320	1 5K .
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			34.0
a 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:	4.0	. 1244	
a	Gross income from members or shareholders	14		7
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		122	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	177	2555
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
Ь	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	C 53747	- T- T-
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	 	Ť

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheck if Schedule O contains a response or note to any line in this Part VI	edule O. Se	e ınst	ructio					
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 . 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.	7		Se Wal					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	[2]				
3	Did the organization delegate control over management duties customanly performed by or under t supervision of officers, directors, or trustees, or key employees to a management company or other person	n?	3		1				
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was find the organization become aware during the year of a significant diversion of the organization's assigned the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	sets? . r appoint	4 5 6		√ √ √				
b	Are any governance decisions of the organization reserved to (or subject to approval by) n stockholders, or persons other than the governing body?	nembers,	7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following:	n during	8a		لَّهُنَّ				
a b 9	b Each committee with authority to act on behalf of the governing body?								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Intern		9 /A CC	ode)	1				
Secu	on b. Policies (This Section B requests information about policies not required by the inter-	Tar rievena		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose.	chapters,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to	he form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	-					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	conflicts?	12a 12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done		12c	✓					
13 14 15	Did the organization have a written whistleblower policy?		13	✓					
a b 16a	The organization's CEO, Executive Director, or top management official	 Ingement	15a 15b 16a	\	. "				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev participation in joint venture arrangements under applicable federal tax law, and take steps to safety organization's exempt status with respect to such arrangements?	aluate its guard the	16b	\$ 4 5 4 7 4					
Secti	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed See attachment. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection. Indicate how you made these available. Check all that apply.		501(c)(3)s	only)				
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents, co financial statements available to the public during the tax year.		rest p	oolicy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and rec	ords:	•					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per	officer and a director/trustee						compensation	compensation from	amount of
	week (list any hours for	악힜	JZ.	₽	6	en (5	from the	related organizations	other compensation
	related	dred	1	Officer	y en	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	of F	SUOI		Key employee	8 c		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	# tr		yee	mpe e		}		organizations
		8	Institutional trustee	ļ		Highest compensated employee		1		
	_		_			<u>a</u>				
(1) Dr George Glacumakis	2									
(1) Dr George Glacumakis President, Director	† -	1		1				0	l ol	0
(2) Rev. Malcolm Hedding	2									
Vice-President, Director	† -	1		1				l 0	اه	0
(3) G. Allen Jackson	2									
Treasurer	†	1		1				0	0	0
(4) Susan McEiroy Michael	40									
Secretary, USA Director		✓		✓	1			90,945	_0	0
(5) Dr. Juergen Buehler										
Director	4	1			L	<u> </u>		0	0	20,790
(6) Rev. Jerry Dirmann		ŀ								
Director	2	✓			L			0	0	0
(7) Terry Allen	2	ļ								
Director		✓		_			<u> </u>	0	0	.0
(8) Daryi Hedding	40									
USA Deputy Director				L	✓	ļ	<u> </u>	95,777	0	0
(9)	ļ	į								
		ļ	<u> </u>		\vdash		<u> </u>			
(10)							l			
	ļ		<u> </u>		⊢		├-			
(11)		}				Ì				
(12)			├	-	┢		-			
(12)	†									
(13)		l	-				T			
					L		$oxed{oxed}$			
(14)	_		-							
			1		<u> </u>			l		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			Pos				(D)	(E)		(F)
	Name and trtle		box,	unles	s pe	rson	than our trust	an	Reportable compensation from	Reportable compensation frelated	om	Estimated amount of other
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total							>	186,722 0	1	0	20,790 0
d 2	Total (add lines 1b and 1c)	not limited	to th					<u>▶</u> e) w	ho received m		0 0,000	20,790 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									nest compens	ated	Yes No 3 √
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$°	150,)? <i>t</i> i 	f "Ye	s," ·	complete Sch	nedule J for	such	4
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co? If "Yes," o	ompe compl	nsa lete	tion <i>Scl</i>	froi nedu	n any ile J f	un or s	related organiz such person	zation or indiv	riduai	5 🗸
	on B. Independent Contractors						<u>-</u>				0.100	000 (
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensation
None.				_								
2	Total number of independent contractor							th	nose listed ab	ove) who		
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>		None.			Form 990 (2015)

Par	VIII	Statement of Reve	enue						
		Check if Schedule O	contains a	a res	ponse or note to				
,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a	Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b	0				
چ <u>ت</u>	С	Fundraising events .	, , , , , , , , , , , , , , , , , , ,	1c	0				ģ
ar /	d	Related organizations	r	1d	0				,
imi imi	е	Government grants (con		1e	0			-:	
r Si	f	All other contributions, g						,	1
ğ ğ		and similar amounts not inc	luded above	1f	3,263,614				
ă ă	g	Noncash contributions include			112,500				
	h	Total. Add lines 1a-1	f	•	•	3,263,614			
Program Service Revenue	_				Business Code				
eve	2a	Feast Income			561920	53,580	0	0	53,580
æ	Ь	Educational Tour Incom	ne 		561599	18,400	0	0	18,400
Ž	C								
Š	u A								
gran	f	All other program sen							
Pro	g	Total. Add lines 2a-2			•	71,980			
	3	Investment income	·			71,300			<u> </u>
		and other similar amo			•	471	0	0	471
	4	Income from investment	t of tax-exen	npt bo	ond proceeds ▶				
	5			•				·	
			(i) Real		(ii) Personal	138		Spile.	
	6a	Gross rents						A 2	, .
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (▶			· · · · · · · · · · · · · · · · · · ·	
	7a	Gross amount from sales of	(i) Securition	es	(ii) Other				
		assets other than inventory			101,000			fee	*
	b	Less cost or other basis				er es		ه _ب پ ^ه	b~ ,
	_	and sales expenses .			112,500				
	d	Gain or (loss)			(11,500) ▶	(11.500)	0	0	(44.500)
	u	iver gain or (loss) .		•	· · · · >	(11,500)	<u>U</u>	U	(11,500)
er Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c						
Other	b	Less: direct expenses		b					
Ŭ	C	Net income or (loss) fi	rom fundrai	sıng	events . ►				
		Gross income from ga See Part IV, line 19 .		а					
		Less: direct expenses							
		Net income or (loss) fi			vities ▶				
	10a	Gross sales of in returns and allowance							
		Less: cost of goods s		b					
ļ	С	Net income or (loss) fr		finve					
		Miscellaneous R	evenue		Business Code				
	11a								
	b								
	C	All other revenue							
	đ	All other revenue Total. Add lines 11a-	 11d					· · · · · · · · · · · · · · · · · · ·	<u> </u>
İ	e 12	Total revenue. See in			-	0 004 505	0	0	60.054
		. Jan rotoliae. Occ III	on actions.	<u> </u>	<u> </u>	3,324,565	у	<u> </u>	60,951 Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expense Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 165,422 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 1,504,638 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 186,722 82,187 102,517 2,018 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages 299.003 105.235 187.418 6,350 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,781 3,091 5,504 186 Other employee benefits 21,017 7,397 13,174 446 10 Payroll taxes 50,884 22,979 27,265 640 11 Fees for services (non-employees): Management 0 0 7,518 0 7,518 0 Accounting C 13,959 0 13.959 0 Lobbying d 76,733 13,847 11,686 51.200 F. 200 Professional fundraising services. See Part IV, line 17 36,300 36,300 Investment management fees 50 0 50 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . 430,719 181,668 6,679 242,372 Office expenses 13 241,279 4,300 124,201 112,778 14 Information technology 24,080 15,756 8,324 0 15 Royalties 446 446 O 0 16 Occupancy . 17,430 0 17.430 0 17 Travel . . . 68,222 68,222 0 0 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 118,406 118,406 0 0 20 Interest . . . 50 0 50 0 21 Payments to affiliates . . 0 0 0 0 22 Depreciation, depletion, and amortization . 881 0 881 0 23 8,185 0 8,185 ٥ Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **Mailing List** 64,208 0 0 64,208 State registrations b 0 2,949 0 2,949 Property taxation 578 0 578 All other expenses Total functional expenses. Add lines 1 through 24e 25 3,348,460 2,293,594 535,419 519,447 Joint costs. Complete this line only if the organization reported in column (B) joint costs 26 from a combined educational campaign and

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	977,949	1	993,373
	2	Savings and temporary cash investments	0	2_	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	9,286	4	13,185
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	Tip		
		Complete Part II of Schedule L	. 0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	75,601	9	51,028
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 5,952	¥.		
	ь	Less: accumulated depreciation 10b -4,524	2,309	10c	1,428
	11	Investments—publicly traded securities	6,210	11	7,003
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	378	15	35
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,071,733	16	1,066,052
	17	Accounts payable and accrued expenses	164,168	17	181,490
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		4	
iab		disqualified persons. Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	. 0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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		05	
			0	25	0
	26	Total liabilities. Add lines 17 through 25	164,168	20	181,490
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ā	27	Unrestricted net assets	710,700		726,989
Ba	28	Temporarily restricted net assets	196,865		157,573
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ats	30	Capital stock or trust principal, or current funds	0	30	0
SS	31	Paid-ın or capıtal surplus, or land, building, or equipment fund	. 0	31	0
Ž.	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
ž	33	Total net assets or fund balances	907,565		884,562
	34	Total liabilities and net assets/fund balances	1,071,733	34	1,066,052 Form 990 (2015)

Form 9	90 (2015)	Page 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)	3,324,565
2	Total expenses (must equal Part IX, column (A), line 25)	3,348,460
3	Revenue less expenses Subtract line 2 from line 1	(23,895)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	907,565
5	Net unrealized gains (losses) on investments	894
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))	884,562
Par	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
		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 2 2 2 2 2
2a	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:	10-33 Fee 54
	Separate basis Consolidated basis Both consolidated and separate basis	
þ	Were the organization's financial statements audited by an independent accountant?	2b ✓
	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	
	Separate basis Consolidated basis Both consolidated and separate basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c ✓
	If the organization changed either its oversight process or selection process during the tax year, explain in	Ro-Parker
_	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
	the Single Audit Act and OMB Circular A-133?	3a ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization					Employer identification	number			
International Christian Embassy Jerusal	em - USA, Inc.				62-12				
Part I Reason for Public Cha						ins.			
The organization is not a private found									
1 A church, convention of church									
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
B ☐ 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 sta	hospital's name, city, and state.								
section 170(b)(1)(A)(iv). (Con	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II)								
 A federal, state, or local gove An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public			
8	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9 An organization that normally receipts from activities relate support from gross investm acquired by the organization	ed to its exempt ent income and after June 30, 197	functions—subject to unrelated business 75. See section 509(a	certain taxable ii a)(2). (Cor	exception ncome (l nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its			
 10 An organization organized and 11 An organization organized and one or more publicly supported the box in lines 11a through 1. 	l operated exclusied organizations d	vely for the benefit of, lescribed in section 5 0	to perfori 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect i	i on 509(a)(3). Check			
a Type I A supporting organithe supported organization organization. You must con	s) the power to re	egularly appoint or ele							
b Type II A supporting organ control or management of t organization(s) You must or	he supporting org	ganization vested in th							
c Type III functionally integrints supported organization(s						y integrated with,			
d Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and				
e Check this box if the organi functionally integrated, or T						I, Type III			
f Enter the number of supported	organizations .								
g Provide the following information	on about the supp	oorted organization(s)							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No	ł				
(A)									
(B)			 						
(C)	<u> </u>								
(D)									
			-						
(E)									
Total									

Part II

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	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,486,152	1,421,689	1,420,326	2,618,792	3,263,614	10,210,573
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,486,152	1,421,689	1,420,326	2,618,792	3,263,614	10,210,573
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4					77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	10,210,573
	on B. Total Support	Loc 2000 / ABSOLAN		108 3866 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 × 2 × × × × × × × × × × × ×	1700	10,210,570
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,486,152					10,210,573
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186			192		1,088
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	-				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for to organization, check this box and stop he	he organizatioi		d, third, fourth	n, or fifth tax y		10,211,661 1,218,565 on 501(c)(3)
Secti	on C. Computation of Public Suppo						
14 15 16a	Public support percentage for 2015 (line Public support percentage from 2014 Sc 331/3% support test—2015. If the organ	6, column (f) d hedule A, Part ization did not	ivided by line 1 II, line 14 . check the box	on line 13, an	 d line 14 is 33¹		
	box and stop here . The organization qua 331/3% support test—2014. If the orga check this box and stop here . The organ	nization did no nization qualifie	ot check a box es as a publicly	x on line 13 o supported org	r 16a, and line ganization .		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	and-circumsta	inces" test, ch st. The organiz	eck this box ai	nd stop here. i as a publicly s	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. 1	test, check tl The organizatio	nis box and st on qualifies as a	op here.
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part	le A (Form 990 or 990-EZ) 2015 Support Schedule for Organization	ations Descr	ibed in Secti	on 509(a)(2)		· · · · · · · · · · · · · · · · · · ·	Page
ait	(Complete only if you checked the				zation failed	to qualify und	ler Part II
	If the organization fails to qualify	under the te	sts listed held	n incorgani nw inlease co	molete Part	io quality and	or raitil.
Secti	on A. Public Support	ander the te	oto noteu bell	orr, produce of	pioto i ait	,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2011	(6) 2012	(0) 20 (0	(4) 2011	(0) 2010	iii rotar
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<u> </u>				
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a							
b	Amounts included on lines 2 and 3						
-	received from other than disqualified	•				İ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	on B. Total Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop he	-			, or fifth tax y		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line			3, column (f))		15	
16	Public support percentage from 2014 Sc		•			16	
Secti	on D. Computation of Investment Ir					.,	
	Investment income percentage for 2015	(line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	
17	Investment income percentage from 201						

19a 331/3% support tests-2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . \blacktriangleright

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ng		Yes	No
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us ed	2		
er			65 £]
nd he	38		
(B)	3b 3c		2.3
If	4a		8 244
gn on	4b	្រុះ	
on ed (B)	4		3.00 3.3
s," IN on;	4c		
on dy	5a 5b		
to ed or	5c		
tor ith	7	<u> </u>	
7?	8	9	2
ore ed	33	(C)	
ch	9b	2016	-75
efit	9c		
on ed	16	1. 1. 2. 1.	
to	10a 10b		

Schedu	ile A (Form 990 or 990-EZ) 2015			Page 3
Part	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	^/ ~	29% =	·
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations		1.4	
	Did the allowaters to the state of the second support of the power to	- %	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 5	· ·	* *
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	5.8%	Assert A	
	controlled the organization's activities. If the organization had more than one supported organization,	4.300	334	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	73		
		1	the rape years	(1 m = 2 m)
2	Did the organization operate for the benefit of any supported organization other than the supported	1/4	287	\$8 55/5
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- 73	1500	25.6
	supervised, or controlled the supporting organization.	2	2	<u> </u>
Secti	ion C. Type II Supporting Organizations		L	1.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	13	2:3	. 3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		54	100
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Soot	ion D. All Type III Supporting Organizations	1		
Sect	ION D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 7	-30-	27.3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	7 26	1	- 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	عنلت ا	47227 9	228
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		86,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		5.4840 5.377	MS 8
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Sicion	a <u>w</u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	28.000	K	4000
_	significant voice in the organization's investment policies and in directing the use of the organization's		Same.	10.3
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 7 0	1.0	3 99.5 c
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont	200 (0)	ctn ot	one)
С	The organization supported a governmental entity. Describe in Fait vision you supported a government entity (see na		_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		*	- -
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		1	-
	how the organization was responsive to those supported organizations, and how the organization determined	\$ 6 %	230	dz**
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,,,	T
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			4",
	reasons for the organization's position that its supported organization(s) would have engaged in these		30, -	<u> </u>
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-1 - gs/46		1985 W. W.
а	trustees of each of the supported organizations? Provide details in Part VI .	3a	de bro	* :-
b				<u>t </u>
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u>	izations			
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must collaborate the satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must collaborate the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations.	tru mpl	ist on Nov 20, 1970. See in ete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	ar a		, · · *		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	5 7 7 7 4 1 3 Th			
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	:1- ×1 &- ,			
4 Enter greater of line 2 or line 3	4	a person is the			
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ır	ntegrated Type III supporting	organization (see		

Part		<u>) Su</u>	pporti	ng Or	gani:	<u>zations</u>	(continued)				
Secti	on D - Distributions							<u> </u>	Curren	t Year	
1	Amounts paid to supported organizations to accomplish e	exem	pt purp	oses				<u> </u>			
2											
	organizations, in excess of income from activity							<u> </u>			
3	Administrative expenses paid to accomplish exempt purp	oses	of sup	ported	orga	nizations	3	<u> </u>			
4	Amounts paid to acquire exempt-use assets							<u> </u>			
5	Qualified set-aside amounts (prior IRS approval required)			_							
6	Other distributions (describe in Part VI). See instructions.										
7	Total annual distributions. Add lines 1 through 6.							<u> </u>			
8	Distributions to attentive supported organizations to whic	h the	organi	zation	is res	ponsive					
	(provide details in Part VI). See instructions.										
9	Distributable amount for 2015 from Section C, line 6							<u> </u>			
10	Line 8 amount divided by Line 9 amount							lacksquare			
Se	ection E - Distribution Allocations (see instructions)	Exc	ess Di		ions		(ii) distributions re-2015	1	(ii Distrib mount	utable	
1	Distributable amount for 2015 from Section C, line 6							<u> </u>			
2	Underdistributions, if any, for years prior to 2015		•	*	4			No Total	·~****	Nè.	\$
	(reasonable cause required-see instructions)	<u> </u>									
3	Excess distributions carryover, if any, to 2015:	944, ,	Section 1	, w.e.	;«ç	1 1 min	u Britistanias -	******		384.5	. 205 ()
а											· ·
b	. 14 14 14 14 14 14 14 14 14 14 14 14 14	<u> </u>	/ha,.	<u>6.</u>	1.A		28.2.	áa		23.91	-300
С	***	<u> </u>		-	***	57	~~	ļ		· · · ·	- 35
ď	From 2013		ź			1. F.	<i>→</i> ;	<u></u>	·····		Ś
е	From 2014	- Miles	*,	()	33	A	Salar Salar	\$6.1.V	4 ·	ž.,	374
f	Total of lines 3a through e					7970	<u> </u>	<u> </u>			
g	Applied to underdistributions of prior years	% -	¥ 1		100			80	640	-L 3	44
h	Applied to 2015 distributable amount			*		ì	2	<u> </u>			
i	Carryover from 2010 not applied (see instructions)		**	2	Ø :				. 821	- :	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						~ ,		**	400	. (10)
4	Distributions for 2015 from Section	, ,	a' Ein	- (No.	Alla:	4. 8 2.7.5	× . 1.		- 1	. 1/2	***
	D, line 7: \$,	, <u> </u>		770	2000000		*	- •	řĚ	
а	Applied to underdistributions of prior years							<u> </u>			
b	Applied to 2015 distributable amount	×.	×11,59%	23	^ 83 (4	₩				
С	Remainder Subtract lines 4a and 4b from 4.										
5	Remaining underdistributions for years prior to 2015, if	#Max	460	44600.0	Ø			W.	**	* %,	
	any Subtract lines 3g and 4a from line 2 (if amount										
	greater than zero, see instructions).			,						,	•
6	Remaining underdistributions for 2015. Subtract lines 3h	1									
	and 4b from line 1 (if amount greater than zero, see							1			
	instructions).										
7	Excess distributions carryover to 2016. Add lines 3j and 4c.										
8	Breakdown of line 7:	T									
а		I									
b		T									
С	Excess from 2013										
d	Excess from 2014										
е	Excess from 2015										

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••••	
••	
	
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Important Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

	organización answered res	, On Form 350, Fait IV, line 3 (Floxy	rax) (see separate	insuucuons) or roini sa	ro-Late, Failt V, Illio Soc (Fluxy
Tax) (s	see separate instructions), t	hen			
	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III.			
Name	of organization			Employer id	entification number
Intern	ational Christian Embassy J				62-1279378
Part		e organization is exempt unde			organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .				\$
3	Volunteer hours				
Part	E3 Complete if the	e organization is exempt under	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$
3		ed a section 4955 tax, did it file For			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 50	1(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
					\$
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	•	vities			\$
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b				\$
4	Did the filing organization	n file Form 1120-POL for this year?	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political orga	nizations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, pro	ovide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	.,	``	• • •	filing organization's	contributions received and
				funds if none, enter -0-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)					
(2)				1	
(3)					
(4)					
					
(5)					
(6)					
		,		l .	

Sched	dule C (Form 990 or 990-EZ) 2015					Page 2
Par	t II-A Complete if the organizatio section 501(h)).	n is exempt	under section 5	501(c)(3) and file	d Form 5768 (ele	
A	Check ► ☐ if the filing organization be					oup member's
	name, address, EIN, exper				•	
<u>B</u> (Check ► ☐ If the filing organization ch			ntrol" provisions	apply.	
	Limits on Lobb			• •	(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a						
b	· · · , 9 · · · · · · · · · · · · · · ·	-	• •	•		
C	, , , , , , , , , , , , , , , , , , ,	-				·····
d	, , , , , , , , , , , , , , , , , , ,					·
e	the second secon					
f	Lobbying nontaxable amount Enter columns.	tne amount	from the following	ig table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbyin	g nontaxable amou	nt is:	Section 1	
	Not over \$500,000	20% of the a	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	+	us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			***,	(*_
9						
h						
•	Subtract line 1f from line 1c. If zero or le	•			(1) 5	
j	If there is an amount other than zero reporting section 4911 tax for this year?		•	•	-	☐ Yes ☐ No
					• • • • •	
	(Some organizations that made a sec	tion 501(h) e	Period Under se lection do not ha tructions for lines	ve to complete all	of the five column	ns below.
	Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	2	-^.			
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015

Pari	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	,				
a	Volunteers?		/			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	√			3 / / / · · ·	Aut.
c d	Media advertisements?	1				11,608
e	Publications, or published or broadcast statements?	7	-			12,490
f	Grants to other organizations for lobbying purposes?	_	1			51,200
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1	 			1,435
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1			1,400
i	Other activities?		1			
j	Total. Add lines 1c through 1i	-	, xŷ v.		-	76,733
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	*		
b	If "Yes," enter the amount of any tax incurred under section 4912	y- y. §				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	از آگار گفتندست				
d	,				de i	100
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), ₍	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members				line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing	4			
_	and political expenditure next year?	•	4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	•	_ 5			
Provi	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groenstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A,	ines	1 and
						
						
	······································					

Schedule C (Form	1990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2015

Department of the Treasury
Internal Revenue Service

Information about Sched

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

Open to Public Inspection

OMB No 1545-0047

Naille C	i die organization		Employer lactionadoli namber
Interna	itional Christian Embassy Jerusalem - USA, Inc.		62-1279378
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
_	Complete if the organization answered		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		411-4
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ie organization's exclusive legal contro	ol? 🗌 Yes 🗍 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
'	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified h		2c
ď	Number of conservation easements included in		
_	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, trans		
U	tax year ►	oloriou, roloudous, extingulariou, el tori	minutes by the organization during the
4	Number of states where property subject to conse	nuction assessment is located	
4			nostion bandling of
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
_	,		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	• • • • • • • • • • • • • • • • • • • •	f section 170(h)(4)(B)(i)
	(· · · · · · · · · · · · · · · · · · ·
9	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	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b			
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		sucation, or research in jurillerafice of
	public service, provide the following amounts relat	-	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these r	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
	Assets included in Form 990, Part X		• \$

Page	2

Schedule D (F	orm 990)	2015	5
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0011000	III Organizations Maintaining	Callections of	Art Hiel	orical T	reactires	or Oth	or Similar As	sets (continued)
Pan 3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	follow	ing that are a s	ignificant use of its
•	☐ Public exhibition		d	Loan	or exchange	e progra	ams	
a b	Scholarly research			Other	_			
	Preservation for future generations		•	0				
C	Provide a description of the organizations	tion's collections	and evola	in how t	hav furthar t	he oras	anızation'e even	ant nurnose in Part
4	XIII.	tion's collections	ariu expia	uii now u	ney luitilei t	ne orga	ariization s exem	ipi puipose iirr ait
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	s of art, part of the	historical tre	asures n's col	, or other simila	er ☐ Yes ☐ No
Part				-				<u> </u>
r ai	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on For	m 990, f	Part IV, line	9, or r	eported an an	nount on Form
1a								t Yes No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	llowing to	able:			
							A	mount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount					stodial	account liability	? Yes No
	If "Yes," explain the arrangement in P	art XIII. Check he	re if the ex	(planatio	n has been p	orovide	d on Part XIII .	🗆
Par				<u> </u>				
	Complete if the organization	answered "Yes	s" on For	m 990, F	Part IV, line	10.		
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance						•	1
b	Contributions		1					
c	Net investment earnings, gains, and losses							
d	Grants or scholarships		+					†
e	Other expenditures for facilities and		 					
	programs							
f	Administrative expenses							
g	End of year balance		ļ					
2	Provide the estimated percentage of t			e (line 1g	g, column (a)) held a	ıs:	
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and	2c should equal	100%.					
3a	Are there endowment funds not in thorganization by:	e possession of t	the organi	zation th	at are held a	and adr	ministered for th	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses							<u> </u>
Part								
	Complete if the organization		s" on For	m 990. I	Part IV. line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o	other basis	(b) Cost	or other basis other)	(c) A	Accumulated preciation	(d) Book value
1a	Land		•				7	
Ь	Buildings							
c	Leasehold improvements							
d	Equipment			İ	5,952		4,524	1,428
e	Other				-,,,,,			
	Add lines 1a through 1e. (Column (d) r	nust equal Form	990. Part	X. columi	n (B), line 10	c.)	>	1,428

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(a) Description of security or category		(b) Book value		hod of valuation
(2) Closely-held equity interests		(including name of security)			Cost or end	l-of-year market value
(8) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						· · · · · ·
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(6) (7) (8) (8) (9) (9) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(3) Other				_	
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)					<u> </u>	
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)						
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)						
(if) (if) (if) (if) (if) (if) (if) (if)						
(5) (6) (7) (8) (9) (9) (9) (10)						
Total, Column (b) must equal Form 990, Part X, col. (B) line 12.)		······································	·			
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12)						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value		b) must equal Form 990. Part X. col. (B) line 12.) ▶		·		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cest or end-of-year market value						
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (e) Description of tability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			ed "Yes" on For	m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (e) Description (b) Book value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(a) Description of investment		(b) Book value		
(6) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)					
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(P) (P)						
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Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX					<u> </u>	
Total. Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		. <u></u>				
Part IX		h) must equal Form 990, Part X, col. (R) line 13.)			**************************************	YZYN ALAS MITTERS (APPLE)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal Income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					Sarran Sa	erovous considerante tand free establisher
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)	mn (h) must squal Form 000. Post V sol (R	lino 15 l			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the) IIIIe 15.)	<u>· · · · · -</u> :	· · · · · ·	<u> </u>
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	rart A	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.		(b) Book value	******	SA STATE STATE	and the second second second
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					Transferred to the State	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						Charles of Charles
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				The state of the s	Section 1 to the contract of t	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				24.2 C. S. S.		
	2. Liability for	uncertain tax positions. In Part XIII, provide th	e text of the footno	ote to the organization	n's financial stateme	ents that reports the

Dage	4

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total revenue, gains, and other support per audited financial statements	1 3,336,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3,330,300
- а	Net unrealized gains (losses) on investments	2.348
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 895
3	Subtract line 2e from line 1	3 3,336,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c (11,500)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,324,565
Part		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T
1	Total expenses and losses per audited financial statements	1 3,359,962
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	\$7% (c. 18%)
d		4-
е 3	Add lines 2a through 2d	2e 11,502 3 3,348,460
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3,348,460
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	•	
c	Add lines 4a and 4b	4c 0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,348,460
Part	XIII Supplemental Information.	5,5 15, 155
2; Par	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 in ciliation of Income per Audited Financial Statements with Income per Return	formation.
Round	ing	1
Loss o	n sale of asset (donated property held for resale)	(11,500
	ciliation of Expenses per Audited Financial Statements with Expenses per Return	
Round	<u></u>	2

Schedule D (For	m 990) 2015	Page 5
Part XIII	m 990) 2015 Supplemental Information (continued)	
	•	
		••

. SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Interr	t I General Information Form 990, Part IV, line	n on Activiti	inc. ies Outside t	the United States. Comp	plete if the organiz	62-1 cation answ	1279378 ered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	organization igibility for the	e grants or as			award the	□Yes □No
2	For grantmakers. Describ assistance outside the Unit		the organization	on's procedures for monit	toring the use of	its grants	and other
3	Activities per Region. (The fe	ollowing Part i	l, line 3 table o	an be duplicated if addition	nal space is neede	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in re	in (d) is vice, type of	(f) Total expenditures for and investments in region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)			-				
(8)							
(9)							
(10)							
(11)							
(12)			=				
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total						· · · · · · · · · · · · · · · · · · ·
b	Total from continuation sheets to Part I		- ·				-
C	Totals (add lines 3a and 3b)		•	· · · · · · · · · · · · · · · · · · ·			

Page 2

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

						in nonmoundance :			
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_€			Middle East	General Support	1.484.138	1.484.138 Check/Wire Trf	a co		
2			Europe	General Support	20,500 (20,500 Check/Wire Trf	None.		
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£									
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(10)									
Ξ									
(12)									
(13)									
(14)									:
(46)									
(16)									

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

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Schedule F (Form 990) 2015

Page 3

Schedule F (Form 990) 2015

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.

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance None (f) Amount of non-cash assistance (e) Manner of cash disbursement 35,687 Check/Wire Trf (d) Amount of cash grant (c) Number of recipients (b) Region Middle East (a) Type of grant or assistance (1) Food, shelter & clothing Ξ (14) (15) 3 (3) <u>5</u> (12)(13) (16) (18) (4) (2) ε <u>®</u> 6 (9)

• Schedu	ule F (Form 990) 2015		Page 4
Part	IV Foreign Forms	 	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	□ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ 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).
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2015
Open to Public

Department of the Treasury Internal Revenue Service

vnomisso.

Haire of the organization					Employer Identifica	auon number
International Christian Embassy Jerusa	lem - USA, Inc.					279378
Part I Fundraising Activities Form 990-EZ filers are				vered "Yes" on F	orm 990, Part IV, I	ine 17.
1 Indicate whether the organizat				ourne estimates. Ch	and all that and	-
	ion raised lunus					
a Mail solicitations				on of non-government	•	
b Internet and email solicitati	ons	f		on of government	grants	
c U Phone solicitations		g L		fundraising events		
d ✓ In-person solicitations						
2a Did the organization have a w						
or key employees listed in Fon		-		•	-	
b If "Yes," list the ten highest pa compensated at least \$5,000 t			draisers) p	ursuant to agreem	ents under which the	e fundraiser is to be
		full Died für	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
¹ Infinity Concepts, 5331 Triangle Lane, Export, PA 15632	Consults on		✓	28,340	36,300	(7,960)
2	OONSUITS ON	1	<u> </u>	20,040	30,300	(7,900)
	fundralsing					
3						
4	- 				-	···
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J						
6						
7						
8						
9	1	İ	ļ			
			<u> </u>			
10						
Total				28,340	26 200	(7.060)
3 List all states in which the org	anization is regis	stered or lic	ensed to s	olicit contributions	36,300	(7,960)
registration or licensing.	a	310.00 0	0000 10 0		or riab boon riotino	a it is exempt iform
AK,AZ,CA,CO,DC,FL,HI,IL,KY,MA,MI,MN	ND NU NI NV CC	Th: W/A 14/7/	14/1			
AK,AZ,CA,CO,DC,FL,FII,IL,KY,MA,MI,WIN	,ND,NH,NJ,NT,SC	, 1 N, WA, W V,	VV I			
•						
						·

P	art II	Fundraising Events. Con than \$15,000 of fundraising ross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts				
<u>~</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Be	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8_	Net gaming income summar	/. Subtract line 7 from l	ne 1, column (d)	<u></u> >	
9	a Ist	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these state	s?	🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	-		ated during the tax year	

Schedu	ule G (Form 990 or 990-EZ) 2015			Pa	ige 3
11 12	Does the organization conduct gaming activities with nonmembers?		Yes		No No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility			_	%
b	An outside facility				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				·
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yas	П	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_			
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information:				
	Name ►		·		
	Gaming manager compensation ► \$				
	Description of services provided ►				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	П	Yes		No
Ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	_		_	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).				
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

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

► Attach to Form 990.

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	formation
	▼ Information

1545-0047	15	
OMB No	20	

Open to Public

Employer identification number

Inspection

%□ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. √ Yes 62-1279378 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance nternational Christian Embassy Jerusalem - USA, Inc. Part II

	330, I altiv, ille 21, 10 ally leaplett that leadived filler \$3,000. I altif oal be depiloated if additional space is needed.	o any recipion				ייייים וו מסווין	state optage is recorded.	
1 (ε	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	(1) American Foundation for Relief	7300004 70		030 07	•			Jacon police Jonesia
(S)	(2) Israel Allies Foundation	21-1203301		12,332				Velicial felici wolk
1150 (1150 Connecticut Ave NW, Suite 515.	26-0501656		20,000	0			Educational training
ි ල	(3) Jewish Federation of Broward (C)							
5890	5890 South Pine Island Rd, Davie, FL	59-0967823		7,500	0			Educational training
(4)	(4) Trinity Outreach International							
1298	1298 Main St, Unit A-4120, Windsor, C	73-1132900		87,682	0			General support
(9)								
(9)								
E								
<u>@</u>								
6)								
(10)								
(11)								
(12)								
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the li	ne 1 table			*
က	Enter total number of other organizations listed in the line 1 table	rganizations listec	in the line 1 table					0

Schedule I (Form 990) (2015)

Cat No 50055P

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

. Page **2**

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(d) Amount of (e) Amount of (f) Description of reliation (book. (f) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description of reliation (b) Description (b) Descrip

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
ო						
4						
တ						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
		:				
3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Schedule I (Form 990) (2015)

, SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

(10)

	of the organization	nformation about	Schedule L (For	m 990	or 990-EZ	and its insti	uction	is is at www.irs.go Employ				mber	ion	
	atlonal Christian Emb	assv Jerusalem	- USA. Inc.							62-	12793 [.]	78		
Par	Excess Bene	fit Transaction	s (section 501	(c)(3), s" on	section : Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organiz 5a or 25b, or Fo	ations m 99	only)			40b.	
	···-		(b) Relationship be				Ī					<u> </u>	(d) Con	
1	(a) Name of disqualified	l person		organız		•	İ	(c) Description	n of tra	nsactio	n		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)		_												Ĺ
(6)	<u>-</u>													
2	Enter the amount under section 4958				-	-	-		ring t	he ye 	ar ► \$	S		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	zatio	ı		!	▶ \$	<u> </u>		
Par	Complete if the	d/or From Interne organization reported an am	answered "Ye	s" on	Form 99	0-EZ, Part e 5, 6, or 2:	V, line 2.	38a or Form 99	90, Pa	art IV,	line 2	6; or i	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?		ntten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public **Inspection**

62-1279378

Department of the Treasury Internal Revenue Service

International Christian Embassy Jerusalem - USA, Inc.

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Employer identification number Name of the organization

Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art-Historical treasures . . . Art-Fractional interests . . . Books and publications . Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes Intellectual property 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities - Partnership, LLC, 11 or trust interests Securities-Miscellaneous . . Qualified conservation contribution - Historic structures Qualified conservation 14 contribution-Other 1 15 Real estate-Residential . . . Single family house 112,500 Market valuation 16 Real estate - Commercial . 17 Real estate—Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ► (____) 26 Other ► (27 Other ► (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015) Pa	ıge 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	r
	of a combination of both. Also complete this part for any additional mornation.	
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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 2015

Open to Public Inspection

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.

Employer identification number Name of the organization 62-1279378 International Christian Embassy Jerusalem - USA, Inc. Part III, Statement of Program Service Accomplishments Line 4d Other program expenses (Expenses \$464,091 including grants of \$464,091) (Revenue \$477,212) Aliyah General Assistance Program Along with alding 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 \$133,365 including grants of \$92,030) (Revenue \$19,623) General use - ICEJ Jerusalem For providing transportation and supervision needs in order to accomplish work in Israel. (Expenses \$82,337 including grants of \$0) (Revenue \$85,664) Pastors Program To provide pastors with teaching about the Jewish roots of their faith and the biblical significance of Israel, and to provide a way for them to comfort and bless the Jewish people. (Expenses \$37,583 including grants of \$0) (Revenue \$9,490) 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. (Expenses \$28,383 including grants of \$0) (Revenue \$53,580) **Feast of Tabernacles Program** Annually the single largest tourist event in Jerusalem drawing in approximately 5,000 pilgrims from 80 different nations. The purpose is to instruct American and other Christians about the biblical foundations of their faith

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization International Christian Embassy Jerusalem - USA, Inc.	Employer identification number 62-1279378
(Expenses \$12,952 Including grants of \$12,952) (Revenue \$12,107)	
Operation Hope Assistance Program	
Provides shelter and rehabilitation for Middle East Christian refugees who have suffered religious persec	ution.
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 by	by 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 n	nemher
Section B, Line 15 Compensation	······································
Compensation is compared to other non-profit organization salaries via the annual compensation review	
The Washington Council of Agencies. The board is responsible for reviewing and approving the final com	pensation 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 publi	c as requested
via mall, email or phone. The most recent copy of the organization's Form 990 return and Audited Financi	al Statements are posted on the
organization's website (www.icejusa.org).	
Part V, Line 7d Number of forms 8282 filed during year	
The tangible property was sold in December of 2015 and the related form 8282 was filed in early 2016.	
•	
Part VI. I Inc. 9 Other changes in not assets or fixed helegage	
Part XI, Line 9 Other changes in net assets or fund balances	
Rounding	
Total Other Changes in Net Assets	-2