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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2016

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

A		One selector was at the year bounding.		90.	inspection
<u>-</u>		2016 calendar year, or tax year beginning , 2016, and en		T D E-mailer	, 20
В		applicable C Name of organization International Christian Embassy Jerusalem - USA, I	nc.	- D Employ	er identification number
	Address	the state of the s		4	62-1279378
닏	Name ch	1	/suite	E relepho	ne number
Ц	Initial ret			ļ	6158959830
Ш	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code	İ		
	Amende			G Gross r	eceipts \$ 3,279,382
	Applicati	on pending F Name and address of principal officer Susan Michael, US Director	H(a) ts this	group return for	subordinates? ☐ Yes ☑ No
		PO BOX 332974, Murfreesboro, TN 37133			es included? Ves No
<u></u>	Tax-exe	mpt status	If	'No," attach	a list (see instructions)
<u>J</u>	Website	www.icejusa.org	H(c) Gro	up exemption	number >
K	Form of o	organization	nation 198	6 M State	of legal domicile DC
Ρ	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: See	attached stat	ement.	
9		-		· · · · · · · · · · · · · · · · · · ·	
Activities & Governance					
era	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more th	an 25% of	its net assets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	7
مع	4	Number of independent voting members of the governing body (Part VI, line 1	b)	. 4	5
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	-,	. 5	18
Σ	6	Total number of volunteers (estimate if necessary)		6	4
Ç	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	70
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
	 	The difference oddiness taxable meeting from 1 offit 930-1, line 54	Prior		Current Year
ě	8	Contributions and grants (Part VIII, line 1h)			
		- · · · · · · · · · · · · · · · · · · ·		3,263,614	3,189,692
Revenue	9	Program service revenue (Part VIII, line 2g)		71,980	89,384
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		471	306
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(11,500)	0
_	12	Total revenue — add lines 8 through 11 (must equal Part Villi, column (A), line 12)	<u>, </u>	3,324,565	3,279,382
	13	Grants and similar amounts paid (Part IX, columb (A), lines 1-3)	/	1,670,060	1,413,847
	14	Benefits paid to or for members (Part IX, column A) Alfield 9.	·	. 0	0
es	15	Salaries, other compensation, employee benefits (Part IX, column (A)? (I)) \$ 5/16/		566,407	843,073
Expenses	16a	Professional fundraising fees (Part IX, column (A), line the land of the land		36,300	61,477
×	b	Total fundraising expenses (Part IX, column (D), line 25)	1 %		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,075,693	1,151,042
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,348,460	3,469,439
	19	Revenue less expenses Subtract line 18 from line 12		(23,895)	(190,057)
۶ و			Beginning of	Current Year	End of Year
ot Assets or	20	Total assets (Part X, line 16)		1,066,052	1,347,418
ARS	21	Total liabilities (Part X, line 26)		181,490	
\$2	22	Net assets or fund balances Subtract line 21 from line 20		884,562	696,384
P	art II	Signature Block			
Ur	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	atements, and to	the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep			,
				-//-	14-17
Sig	gn	Signature of officer		Date	·/————————————————————————————————————
	ere	Allen Jockson Treasure	<i>Y</i>		
	-	Type or print name and title	4		
		Print/Type preparer's name Preparer's signature	Date		PTIN
Pa				Check self-em	#
	epare				P. 0,500
Us	se Onl			ırm's EIN ▶	
MA	y the IC	RS discuss this return with the preparer shown above? (see instructions)	F	hone no	□Vac □N=
				 -	. Yes No
FOI	raperv	work Reduction Act Notice, see the separate instructions.	t No 11282Y		Form 990 (2016)

Cat No 11282Y

Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Part	Form 990						Page 2
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-E27 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?	Part I	11.			Dort III		[7]
See attached statement. 2	1	Brief			raitiii		· <u>· · · · · · · · · · · · · · · · · · </u>
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. Order to organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 4a (Code) (Expenses \$			•				
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				srael, which carries out the many huma	nitarian projects and relief efforts		
	•						
	- '						

4e	Total program sen	vice expenses ► 2,	288,632		
	(Expenses \$	971,099 including grants of \$ vice expenses ▶ 2	523,928) (Revenue \$	538,722)	
4d	Other program ser	vices (Describe in Schedule O.)			

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Form 99			. 1	Page 3
Part	Checklist of Required Schedules			
.1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	63	27 (*) 27 (*)	* (4) # , 8
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	\ \(\times \)	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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		1
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	\ <u> </u>
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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
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	Í	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
			₂ 990	/2016

Part	M. Checkist of Required Schedules (Continued)			
20 -	Did the example to exercise and or more hagnital facilities? If "Vee " complete Calculus II		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
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	20b	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		√
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):	Jr. W.		
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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37	ļ	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				C-3
	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 3	1 4/25/3	1 es	110
b	Enter the number reported in Box 3 of Form 1096. 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?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	ġġ;	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			, S 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		aŭ 2	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country.	- T	(34, 3, 3	रूर्ड
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	*****	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
7	gifts were not tax deductible?	6b	<u> </u>	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X.	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	* ¥	▼
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1 38.00	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7ŧ		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? No.	7h		C. y
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	1		14.2
9	sponsoring organization have excess business holdings at any time during the year?	8	(* } .	. इंट ख
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	4.44.	10 3 max
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	1995		3, 39
а	Initiation fees and capital contributions included on Part VIII, line 12 ///1 . 10a	1.453		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities M.A. 10b			31
11 a	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders		~?\%(1)\ \	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	against amounts due or received from them.)		, * * · ·	177
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- / bakes *	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 4/9 12b	1.62	1 Su	£ 36 24
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1387	********	
а	Is the organization licensed to issue qualified health plans in more than one state? , NIT	13a	23 8694 -	X 120 281
b	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			
D	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	0 35.00	\ \frac{1}{\sqrt{1}}
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ė
		Forn	990	(2016)

Part	VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ons.
Secti	on A. Governing Body and Management			=_
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		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а b 9	The governing body?	8a 8b	✓	,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	nde)	<u> </u>
	on the state of th	1	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	-	√ √	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13 14	✓ ✓	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	✓	
b	with a taxable entity during the year?	16a	an Ko	✓
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		[2] 3
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See attached statement.			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest _l	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Daryl Hedding, USA Deputy Director, 1937 Barfield Rd., Murfreesboro, TN 37128 Tel. (615) 895-9830.	cords [.]	>	

Enrm	agn	(2016)	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII 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	or any relate	d org	anız			ompe	nsa	ated any currer	t officer, director	r, or trustee.
445	(5)		•	C) ition					_	
(A) Name and Title	(B) Average		do not check mor oox, unless person		more			(D) Reportable	(E) Reportable	(F) Estimated
vario dile libio	hours per					is both or/trust		compensation	compensation from	amount of
	week (list any hours for	악교	'n	Officer	G.	en.H	E	from the	related organizations	other compensation
	related organizations	lirec	Ē	ଜି	Key employee	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학회	ona!		Ploy	e com	ł	(**-271099-141130)		and related
	line)	Individual trustee or director	Institutional trustee	1	8	pens	ł	1		organizations
	ļ		8			Highest compensated employee	L			
(1) Dr George Giacumakis	2									
President, Director	ļ	1		1	_		<u>L</u>	0	0	0
(2) G. Allen Jackson	2						{	1		
Treasurer		/	_	/	<u> </u>		<u> </u>	0	0	0
(3) Susan McElroy Michael	40		1	_ ا			•	<u> </u>	1	
Secretary, USA Director	<u> </u>	/	<u> </u>	✓	1	 	ļ_	126,412	0	0
(4) Michael Little	2				1	1		1		
Director	 	/	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	0	0	0
(5) Dr. Juergen Buehler	4	,			l		ļ	Ì		
Director	-l	✓		-	<u> </u>	ļ		0	0	24,570
(6) Rev. Jerry Dirmann	2		ļ		ĺ	[ļ			
Director		✓	-		├	 -	├	0	0	0
(7) Terry Allen	2		1]	ł	_		
Director (9) Paral Hadden	40	-			<u> </u>	<u> </u>	├	0	0	0
(8) Daryl Hedding	40			İ	1	}	ł	00.074		_
USA Deputy Director (9) Michael Hines	40			├	-		├─	99,974	0	0
USA Outreach Director	40		1	1	1	1	1	102 209		•
(10)	 			 	-		┼─	103,398	0	<u>_</u>
\$199							1			
(11)		-			-			 		
(12)	-		-		\vdash		-			
(13)			-		-					
	 		<u> </u>	<u> </u>		 	_	ļ		
(14)				[[1	1	1	
		L	L	<u> </u>	L	Ĺ	<u>L</u>	<u> </u>	L	

Part	VII. Section A. Officers, Directors, Trust	tees, Key E	mplo	yees		nd F C)	lighe	st C	ompensated E	mployees (contin	ued)	
	(A)	(B) Position (do not check more than or							(D)	(E)	ŀ	(F)	
	Name and title	Average					e than o is both		Reportable	Reportab		Estimated	
		hours per week (list any					or/trust	<u> </u>	compensation from	compensation related		amount of other	
		hours for	Individual trustee or director	inst	Officer	Key employee	em H	Former	the	organizatio	ons	compensation	ı
		related organizations	re du	Institutional trustee	ĘĘ	en en	of est	ner	organization (W-2/1099-MISC)	(W-2/1099-N	/IISC)	from the organization	
		below dotted	ठ्ट	onal	[ջ	1 th Ca		1005 111100,		ı	and related	
		line)	uste	trus		ee) per			ļ	1	organizations	
			ď	stee			Highest compensated employee	ì			1		
(15)				}-			-	-	 				
77.27		 	1					1	-		l		
(16)			 		_			 					
21			_					i		}	1		
(17)													
		L	<u> </u>		L_,	L.,	 	<u> </u>					
(18)		ļ. .					ł	ļ	į				
(40)		 		-				-					
(19)		 	}				[1	}	{			
(20)				-		-	-	-	 				
72.21			1				}	ĺ]		1		
(21)							 	T-			$\neg \uparrow$		
			<u> </u>					L					
(22)			1	}			}	<u> </u>	ļ				
		 	 -	_		_	<u> </u>		ļ	 			
(23)		}	ĺ) 		j		1		
(24)		 	 	-		-	 	-		 			
35.37			Í					l	1				
(25)													
			L	L_1									
1b	Sub-total		٠.					•	329,784			2	4,570
C	Total from continuation sheets to Part				•			>	0	ļ	0		0
<u>d</u>	Total (add lines 1b and 1c)	not limited				·			329,784		0 00		4 <u>,570</u>
~	reportable compensation from the organi		10 11	iose	i iiSt	eu a	above	e) W	no received mi	ore man \$1	00,00	0 01	
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	е,	key e	emp	loyee, or high	est compe	nsate		3.
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indı	vidu	ıal					3	✓
4	For any individual listed on line 1a, is the												"."×.
	organization and related organizations individual	greater tha	an \$1	50,	000	? //	f "Ye:	s,"	complete Sch	edule J fo	r suc	b	agranda y
-	Did any person listed on line 1a receive o	 	· ·	, ncat		fra			, , .			4	<u>√</u>
5	for services rendered to the organization?	? If "Yes." o	ompe lamo:	ete	Sch	no.	ıı any ıle J f	ors	reialed organiz such person	ation of inc	ividu	al 5	
Section	on B. Independent Contractors								, , , , , , , , , , , , , , , , , , ,		 -		<u> </u>
1	Complete this table for your five highest of	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more tha	ın \$10	0,000 of	
	compensation from the organization Rep												ΙX
	year												
	(A) Name and business add	2201						Ì	(B) Description of s	enuces .		(C)	
	realite and business add								Description of s	ervices		Compensation	
None.								-					
								-					
													
2	Total number of independent contracto							th	iose listed abo	ove) who	1		
	received more than \$100,000 of compens	ation from t	ne or	gan	ızat	ion l			None.		m. ()		(°

Pa	rt VI		venue							Page
		Check if Schedule	O contains	a res _l	ponse or note	e to any line in (A) Total revenu	thi:	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigb Membership dues	ns	1a 1b				revenue	revenue	under sections 512-514
Gifts,		Fundraising eventsRelated organization		1c 1d			,			
Contributions, Gifts, Grants and Other Similar Amounts		 Government grants (c) All other contributions, and similar amounts not in 	gifts, grants	1e			* .			
Contril and Of		Noncash contributions incl Total. Add lines 1a-	uded in lines 1a-	1f \$	3,189,69	0 22 1 2 1				
venue	28		<u></u>		Business Code 561920					
Program Service Revenue	l t	The state of the s	ome		561599	24,3 65,0	$\overline{}$			0 24,36 0 65,02
ram Seı	e						_			
Prog	g 3		2f	_		89,3	84			
	4 5	Investment income and other similar am Income from investmen	ounts)		▶		06			306
	6a	Royalties Gross rents	(ı) Real	<u>.</u>	(II) Personal		¥ 1			
	b	Less rental expenses Rental income or (loss)								
	d 7a	Net rental income or Gross amount from sales of assets other than inventory	(loss) . (i) Securities	Ť	(II) Other					
	b	Less cost or other basis and sales expenses		\top						
	q	Gain or (loss) Net gain or (loss)			•					
	8a	Gross income from fu events (not including \$	-							
	b	of contributions reported See Part IV, line 18 Less direct expenses		a						
	C	Net income or (loss) fr Gross income from gal See Part IV, line 19	om fundraisin		ents >					
	с 10а	Less: direct expenses Net income or (loss) fro Gross sales of inv	entory, less		es . ►		100			
	b	returns and allowances Less: cost of goods so Net income or (loss) fro	ld om sales of in	a b vento	ory . ►		osc. z			
1	1a b	Miscellaneous Re	venue		usiness Code	Maria?	25	<u> </u>	4	
	c d	All other revenue								
1		Total. Add lines 11a-1 Total revenue. See ins			.	3,279,382	:: _{./.}	. 0	~ * G * 1 1 1	1. S.
						2,2,0,002	_	- 01	0	89,690 Form 990 (2016)

Form 990 (2016) Page 10 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 expenses (C) Management and general expenses (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 96,590 96,590 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign

	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	1,317,257	1,317,257	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4
4	Benefits paid to or for members	0	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,			į	
_	trustees, and key employees	226,386	91,209	132,704	2,473
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	544,017	189,386	353,653	978
0	section 401(k) and 403(b) employer contributions	44.504			
_	Other employee benefits	14,561	5,069	9,466	26
9 10		1,000		650	2
11	Payroll taxes	57,109	20,336	36,516	257
''a	Management				
b	Legal	0	0	0	<u> </u>
c	Accounting	11,700	0	11,700	0
ď	Lobbying	0	0	11,700	0
e	Professional fundraising services See Part IV, line 17	61,477			61,477
f	Investment management fees	270	0	270	01,477
g	Other (If line 11g amount exceeds 10% of line 25, column			-	<u>*</u>
	(A) amount, list line 11g expenses on Schedule O)	0	o	o	0
12	Advertising and promotion	336,000	91,135	4,083	240,782
13	Office expenses	219,521	245	126,298	
14	Information technology	21,192	13,405	7,787	0
15	Royalties	472	472	0	0
16	Occupancy	15,130	0	15,130	0
17	Travel	43,999	43,999	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	419,181	419,181	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	1,366	0	1,366	
23	Insurance	7,031	0	7,031	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (A)		CARRY LA		
а	Mailing list	65,893	0	0	65,893
b	State registrations	9,287	 	0	
c		5,207	-	<u>_</u>	3,207
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,469,439	2,288,632	706,654	474,153
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ [] if	}			}
	following ŠOP 98-2 (ASC 958-720) .	<u> </u>	0	0	0
					Form 990 (2016)

Form **990** (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 993,373 1 1,281,914 2 Savings and temporary cash investments . 2 n 3 Pledges and grants receivable, net . . . 3 0 0 4 Accounts receivable, net 4 13,185 12,423 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . 5 Λ 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 6 0 Notes and loans receivable, net 7 0 0 8 Inventories for sale or use . . . ol O 9 Prepaid expenses and deferred charges 51,028 38,801 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less, accumulated depreciation . 10b 10c (2,795)1.428 5,362 11 Investments - publicly traded securities 7,003 11 8,883 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 15 35 35 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,066,052 1,347,418 Accounts payable and accrued expenses . . . 17 17 181,490 278,576 18 Grants payable 18 0 Deferred revenue 19 19 0 372,458 20 Tax-exempt bond liabilities 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 Secured mortgages and notes payable to unrelated third parties 23 23 0 0 Unsecured notes and loans payable to unrelated third parties . 24 24 0 0 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 25 Total liabilities. Add lines 17 through 25 26 181,490 651,034 Organizations that follow SFAS 117 (ASC 958), check here ▶ Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 726,989 510,562 28 Temporarily restricted net assets . 157,573 28 185,822 29 Permanently restricted net assets 29 ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds n. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 Retained earnings, endowment, accumulated income, or other funds 32 32 0 Total net assets or fund balances . . . 33 884,562 33 696,384 Total liabilities and net assets/fund balances 34 1,347,418 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?

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

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133?

Schedule O

За

2c

За

3b

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

International Christian Embassy Jerusalem - USA, Inc. 62-1279378 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (ui) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C)

\$13 W 14 F 1

(D)

(E)

Part	(Complete only if you checked the						
	Part III. If the organization fails to						ally urider
Secti	on A. Public Support	o quality unde	i the tests his	ited below, p	lease comple	ite i ait iii.)	
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,421,689	1,420,326		3,263,614	3,189,692	11,914,113
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	1,420,320	2,010,792	3,203,014	3,109,092	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 .	1,421,689	1,420,326	2,618,792	3,263,614	3,189,692	11,914,113
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						11,914,113
	on B. Total Support	<u> </u>	<u> </u>		<u> </u>	<u> </u>	11,914,115
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,421,689	1,420,326	2,618,792	3,263,614	3,189,692	11,914,113
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	168	71	192	471	306	1,208
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	1,200
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	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction		6 0 * * * * <u>*</u> .		12	11,915,321 932,548
13	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he						🕨 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14 15 16a	Public support percentage for 2016 (line of Public support percentage from 2015 Sci 331/3% support test—2016. If the organists box and stop here. The organization qua	nedule A, Part I zation did not	II, line 14 . check the box	on line 13, ar	nd line 14 is 33	,	99.99 % 99.99 % check this
b	331/2% support test —2015. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	and stop here.	l line 14 is Explain in
.	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the meets the "fact	e "facts-and-c s-and-circums 	circumstances' stances" test	test, check the character the organizate	this box and son qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a l				k this box and	see ▶ □

Schedu	le A (Form 990 or 990-EZ) 2016						Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						under Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
$\overline{}$	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")				[<u> </u>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			[Į.	
	organization's tax-exempt purpose			ļ	ļ	ļ	
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513			ļ	ļ	ļ	
4	Tax revenues levied for the				 		+
	organization's benefit and either paid			}	1		}
	to or expended on its behalf		1		1	1	
5	The value of services or facilities				 		
•	furnished by a governmental unit to the			}	}	{	}
	organization without charge			!	l	}	
6	Total. Add lines 1 through 5	<u></u>		 	 	 	+
_	Amounts included on lines 1, 2, and 3			 	 		
	received from disqualified persons .			j	}	i	Ì
L	Amounts included on lines 2 and 3			 	 	 	
b	received from other than disqualified				1	ì	Ì
	persons that exceed the greater of \$5,000				1	1]
	or 1% of the amount on line 13 for the year			ĺ	1	}	1
	A 1 () = 1 = 1	 		 	 	 	
8	Public support. (Subtract line 7c from	2 2 8 8 8 E			× 10 10 10 10 10 10 10 10 10 10 10 10 10	1	-,
0	line 6)						4
Socti	on B. Total Support	\$ 4. \$ 18 18 18 18 18 18 18 18 18 18 18 18 18					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(0) 2014	(4) 2015	(2) 2016	(O Total
	Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9				 	 		
10a	Gross income from interest, dividends,			{		!	
	payments received on securities loans, rents, royalties and income from similar sources.			1	}	İ	[
_	·						
b	Unrelated business taxable income (less			{	1	1	
	section 511 taxes) from businesses			i		}	
	acquired after June 30, 1975	; 				 	
_	Add lines 10a and 10b			ļ	_	 	
11	Net income from unrelated business				1	}	j
	activities not included in line 10b, whether				i	1	
	or not the business is regularly carried on					ļ	
12	Other income. Do not include gain or				Į	Ì	Ì
	loss from the sale of capital assets)	Ì	1	Ì
	(Explain in Part VI.)					L	
13	Total support. (Add lines 9, 10c, 11,]]		
	and 12)			<u> </u>	<u> </u>	l	
14	First five years. If the Form 990 is for the	_	i's first, secon	d, third, fourth	n, or fifth tax y	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · · > 🗀
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sch			<u>, , , , , , , , , , , , , , , , , , , </u>	_ <u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organiz	ation . 🕨 📋

b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting (Organizations
----------------	--------------	---------------

		- 1	Yes	No
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.	1	3	
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).	2	S. Jan.	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	_் 3a		23
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.	3b	4 · (
С	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.	3c		'n.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	3-4	l î.a.
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.	4b		
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.	4c		
5а	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).	5a		
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?	5b		ă K
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		3 . 1.1.1.
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).	7		
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).	8	-6	الأليد بكس
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.	9a		
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.	9b	E. in	ni da Ka
С	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 .	9c	'L'	la Lea
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.	10a		
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)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11,.	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	22.2		2.1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		L
	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	لــــا	L
Secti	on B. Type I Supporting Organizations		T	
4	Did the directors tructors or membership of one or more evented arranged as here the arranged		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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			×
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1,80	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	أسللت ا	
2	Did the organization operate for the benefit of any supported organization other than the supported	1	5.9- 16	
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	N. 3		4
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.00		
	supervised, or controlled the supporting organization.	2	- سد ع	4
Secti	on C. Type II Supporting Organizations		L	
<u>Jecu</u>	on of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	, ***	1 es	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\ \\ \(\)	k 3	S
	or management of the supporting organization was vested in the same persons that controlled or managed	100	16. 1. 2	War you
	the supported organization(s).	1	A. 1.18	Ser Ser 3
Secti	on D. All Type III Supporting Organizations	<u></u> -		
	······································		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			100
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	7 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1 -£	- ind i as
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	S 2 1	· / %
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	n. "Se in	Sain Su
3	By reason of the relationship described in (2), did the organization's supported organizations have a	\$	1	150
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard	3	1048, 225,7 1865	شديد
Secti	on 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	inetru	ctions	
	_	non a	CHOIR	3 /·
a	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.	/a.a	~4	:\
C	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see III	Structi	ionsj.
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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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		Z . X	\$44A
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			M
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1.86	W	\$.A. 3
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	11	:363	3 1
	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 Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov 20, 1970 (explai	n in Part VI). See
: instructions. All other Type III non-functionally integrated supporting organ	nza	tions must complete Sectio	
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	i	ì	
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)
1 Aggregate fair market value of all non-exempt-use assets (see	43		A SANATS
instructions for short tax year or assets held for part of year).	100 Sept.		
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	3.8		
factors (explain in detail in Part VI):	1		
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,	1		
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	NVANCOVAT.	
5 Income tax imposed in prior year	5	NOVE STATE	
6 Distributable Amount Subtract line 5 from line 4, unless subject to	Π		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y ın	tegrated Type III supporting	g organization (see
instructions).	-	•	,

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	on D - Distributions			Current Year
1,	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			i
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
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.			
8	Distributions to attentive supported organizations to which	sponsive		
•	(provide details in Part VI) See instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		<u> </u>	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	Walter & State & Contract of the Contract of t	XXXXX 1.30,444	
	Underdistributions, if any, for years prior to 2016	28 48 18 18 18 18 18 18 18 18 18 18 18 18 18		
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а		100 A A A A A A A	3 9 5 4 0 A B B C	
b		MAR 3 V A 8 8	N 28 N 18 N 18 N 18 1 1 1 1 1 1 1 1 1 1 1 1	A SERVICE
С	From 2013	CYANA MARKA		
d	From 2014		\$1.50 A 18.08 \$4	
е	From 2015			March Carlot Car
f	Total of lines 3a through e			ALTERNATION NO.
g	Applied to underdistributions of prior years	CONTROL OF THE PARTY OF THE	1	852 76 CAC ATT 4 78 C
	Applied to 2016 distributable amount			**************************************
i	Carryover from 2011 not applied (see instructions)	\$-\$-\$-\$-\$-\$-\$-\$\\\\\\\\\\\\\\\\\\\\\\\		
ī	Remainder Subtract lines 3g, 3h, and 3i from 3f.			WAY VILLA
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			725 C. N. N. N. N. N. N.
b	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.		1.2.4.4.3.3.3.3.3.	4
5	Remaining underdistributions for years prior to 2016, if		<u> </u>	
•	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3	- 10 3 4 15 15 15 15 N N		
-	and 4c			
8	Breakdown of line 7:	1.4 2.2 1 1 1.1		
а		3 3 3 3 3 4 4 Y :		
b	Excess from 2013	28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
c	Excess from 2014		AND CONTRACT	
d	Excess from 2015			
e	Excess from 2016		X X X X X X X X X X X X X X X X X X X	******
<u> </u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	Er and A worker, address of the

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)

Political Campaign and Lobbying Activities

- 1

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasur Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	see separate instructions), t	hen			
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	of organization			Employer ide	ntification number
	ational Christian Embassy J		1		62-1279378
		e organization is exempt un			
1	definition of "political car	f the organization's direct and	indirect political ca	ampaign activities in Par	IV. (see instructions for
_				. .	
2		y expenditures (see instructions))
3 Part	Volunteer nours for politic	cal campaign activities (see instre organization is exempt un	dor coetion 501	(-)(2)	
_		excise tax incurred by the organi			
1		excise tax incurred by the organizati)
2	•	excise tax incurred by organization as section 4955 tax, did it file F	_		· . Yes No
3 4a	Was a correction made?		•	rearr	Yes No
ч а b	If "Yes." describe in Part				res NO
Part		e organization is exempt un	der section 501	(c) except section 501	(c)(3)
1		ly expended by the filing organ			(0)(0).
•	activities			> \$	
2	Enter the amount of the	filing organization's funds conti	ributed to other or	ganizations for section	
	527 exempt function acti	-	· ·	> \$,
3	Total exempt function e	expenditures. Add lines 1 and	2. Enter here and	d on Form 1120-POL,	
	· · · · · · · · · · · · · · · · · · ·	·		-	
4	Did the filing organization	n file Form 1120-POL for this yea	ar?		. Yes No
5	Enter the names, address	ses and employer identification n	umber (EIN) of all s	section 527 political organ	izations to which the filing
		ents. For each organization listed			
		ontributions received that were p			
	as a separate segregated	fund or a political action commit	tee (PAC). If additio	onal space is needed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lunds if none, enter -u-	delivered to a separate
					political organization If none, enter -0-
	· · · · · · · · · · · · · · · · · · ·		 	ļ	Hone, enter-o-
(1)					
					
(2)					
					
(3)		}			
	····		 		
(4)		<u> </u>			
			 		
(5)					
(6)					

Page	2

-0.	0 (. 0			_			raye 🕰
Pá	art II-A	Complete if the organizat section 501(h)).	ion is exempt ι	Inder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ▶	if the filing organization t	pelongs to an af	filiated group (ar	d list in Part IV	each affiliated gro	oup member's
		name, address, EIN, exp	enses, and sha	re of excess lobb	oying expenditur	es).	•
В	Check >	☐ if the filing organization of			rol" provisions a	ipply.	
			bbying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures"			<u></u>	organization's totals	group totals
•		obbying expenditures to influen		, ,	٠,		
		obbying expenditures to influen	_	dy (direct lobbying	g) .		
		obbying expenditures (add lines	1a and 1b) .			 	
		exempt purpose expenditures				 	
		exempt purpose expenditures (a					
	f Lobby	ing nontaxable amount. Ente	r the amount ir	om the following	table in both		
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:	1333	
	Not ove	er \$500,000	20% of the an	nount on line 1e			
		00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Over \$1	,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1	,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000			341838	
	•	roots nontaxable amount (enter	•				
		act line 1g from line 1a. If zero or				ļ	
		act line 1f from line 1c If zero or	· - ,	and and an analysis of the second		L	
	•	e is an amount other than zei		•	•		☐ Yes ☐ No
	reporti	ng section 4911 tax for this year		Period Under sec		· · · · · · · · · · · · · · · · · · ·	
	(Som	ne organizations that made a s See th	section 501(h) ele ne separate instr	ection do not have ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbyii	ng Expenditures	During 4-Year Av	eraging Period	,	
	Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	2a Lobby	ing nontaxable amount					
	,	ing ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					
						Schedule C (Form	n 990 or 990-EZ) 2016

		(election under section 501(h)).	1 7	<u> </u>				
		es," response on lines 1a through 1i below, provide in Part IV a detailed fithe lobbying activity.	Yes	No	A	(b)	nt	
1	legislatı	the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of						
а	Volunte	ers?		1	1200	* %	14	
b	Paid sta	aff or management (include compensation in expenses reported on lines 1c through 1i)?	1					
С		advertisements?	1		1	ar and a	48,626	
d	Mailings	s to members, legislators, or the public?		1				
е	Publica	tions, or published or broadcast statements?	1				2001	
f	Grants 1	to other organizations for lobbying purposes?		1				
g	Direct o	ontact with legislators, their staffs, government officials, or a legislative body?		1				
h	Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	L	1	ļ			
i		ctivities?	<u></u>	1	<u> </u>			
j		dd lines 1c through 1i	a 3 €.		1		50,627	
2 a		activities in line 1 cause the organization to be not described in section 501(c)(3)?	 	✓		J. A.	7777	
b		'enter the amount of any tax incurred under section 4912	Stage St.	**************************************	. 			
d d	If "Yes,"	' enter the amount of any tax incurred by organization managers under section 4912 ing organization incurred a section 4912 tax, did it file Form 4720 for this year?	*** Mar. 5	Na.in	100	# å,	\$.	
Part		Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), (or se	ction			
		501(c)(6).				T.:	1	
					 -	Yes	No	
1		ubstantially all (90% or more) dues received nondeductible by members?	•	•	1	₩	+	
2		organization make only in-house lobbying expenditures of \$2,000 or less?	• •		2	├		
3 Past		organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c				ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	
T all t		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				line	3. is	
		answered "Yes."					,	
1		ssessments and similar amounts from members		1				
2		162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid).	of					
а	Current	•		2a	<u> </u>			
b	Carryov	er from last year		2b	<u> </u>			
C	Total			2c	<u> </u>			
3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3				
4	excess	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lobbitical expenditure next year?						
5	•	and the state of t	•	4	 -			
Par		Supplemental Information	- -	5	<u> </u>			
		scriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t). Pa	rt II-A	lines	1 and	
		ons); and Part II-B, line 1 Also, complete this part for any additional information.		-,,				
Part II	-B Lines 1	a-i						
All lot	bying act	ivity involved a single campaign to collect grassroots signatures in support of a suggested set of	of fore	ign p	olicy gi	uiding	l	
princi	ples for th	e presidential candidates to adopt.						

	m 990 or 990-EZ) 2016	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.

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Pai	tional Christian Embassy Jerusalem - USA, Inc. Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fun	62-1279378 nds or Accounts
1 (41	Complete if the organization answered		
	- Complete it the organization and organization	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del>                                     </del>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	<del>-</del> -
	only for charitable purposes and not for the bene		
	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	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education)   Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	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 easemer	nts	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in	n (c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year >		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspec-	cting, handling of violations, and enforcing	conservation easements during the year
_	A count of consequences in consequences to account of the consequences to account of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of the consequences of t	one benedition of Astalana and a formation	
7	Amount of expenses incurred in monitoring, inspecti ►\$	ing, nandling of violations, and enforcing	conservation easements during the year
۰	Does each conservation easement reported on line	e 2(d) above cation, the requirements of	f postion 170/b\/4\/P\(i)
8		e 2(d) above satisfy the requirements o	
_			No Light Statement and
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easer	<del>_</del>	idificial statements that describes the
Par			r Other Similar Assets
r ai	Complete if the organization answered		
12	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted under		
	works-of art, historical treasures, or other similar		
	public service, provide the following amounts rela		,
	(i) Revenue included on Form 990, Part VIII, line		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r assets for financial gain, provide the
-	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		• \$

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	ther Similar A	Ssets (c	contin	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	ther reco	ds, chec	k any of th	e follov	ving that are a	significa	nt use	of its
`a	Public exhibition		d	□ Loan	or exchang	ae proa	rams			
ь	Scholarly research									
С	☐ Preservation for future generations	<b>i</b>								
4	Provide a description of the organizat XIII.		and expla	an how t	hey further	the org	ganization's exe	empt pur	pose i	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							Yes [	∐ No
Part										
	Complete if the organization 990, Part X, line 21.						•		n Fo	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth							Yes [	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	aple.	_	<del></del>	Amount		
С	Beginning balance					10	<del></del>	7 1770 1771		
ď	Additions during the year		• • •			1d				
e	Distributions during the year .			• •		1e	<del></del>			
f	Ending balance					11	<del></del>			
2a	Did the organization include an amour	nt on Form 990. Pa	art X. line	21 for e	scrow or c			tv? 🖂 '	Yes [	No
	If "Yes," explain the arrangement in Pa									
Pari					1100 0001	proma	34 0111 4117111	<del></del>	<u></u> -	=
	Complete if the organization	answered "Yes"	" on For	m 990. F	Part IV. lin	e 10.				
		(a) Current year		or year	(c) Two yea		(d) Three years ba	ick (e) Fo	ur years	s back
1a	Beginning of year balance									
b	Contributions							<u> </u>		
С	Net investment earnings, gains, and						<del></del>			
	losses		}	i				Ì		
ď	Grants or scholarships .									
е	Other expenditures for facilities and programs		-				<del></del>			
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	ne current vear en	nd halanc	e (line 1a	column (s	)) held :	ae.			
<b>-</b> а	Board designated or quasi-endowmen			C (III.C 19	, oolariir (c	ijj Held i	43.			
b	Permanent endowment	%	'0							
	Tomporarily rootricted andowment	04								
Ū	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.							
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations						<i>.</i>	. 3a(i		1
	(ii) related organizations							. 3a(i	_	1
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sc	hedule R?			. 3b		1
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	unds.			<u> </u>		
Part	VI Land, Buildings, and Equip	ment.			<del></del>					
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	e 11a.	See Form 990	), Part X	, line	10.
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Bo	ook valu	ue
1a	Land					(A. XX. N				
-b	Buildings									
С	Leasehold improvements				<del>. , ,</del>					
d	Equipment				8,157		2,795			5,362
e	Other									-,,
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part )	(, column	(B), line 10	)c.)				5,362

(a) Description of security containing to containing (b) Book value (c) Method of visitation Control one-of-ulyear market value (c) Method of visitation (c) Control one-of-ulyear market value (c) Method of visitation (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		Complete if the organization				
3) Other   (A)   (B)   (C)				(b) Book value		
3) Other   (A)   (B)	-					
Co   Co   Co   Co   Co   Co   Co   Co	-	neld equity interests		L		
B				<u> </u>	ļ	
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(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) ▶	Part X	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, lır	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) ▶	<del></del>		(b) Book value	4.4.2.2.5	4 7 1/2 1 - 2 - 2 1	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)		<del></del>	(4, 44, 44, 44, 44, 44, 44, 44, 44, 44,			
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶						
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		· · · · · · · · · · · · · · · · · · ·	<del></del>			
(6) (7) (8) (9)   otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶			- <del> </del> -			
(7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶						
(8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶						
(9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶						
otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶						
	<u>.                                    </u>	b) must equal Form 990, Part X, col (B) line 25	) ▶			
				note to the organization	on's financial statem	ents that reports the

Part	<b>ДГ.</b>	Complete if the organization answered "Yes" on Form 990,			Return.	
1.	Total	revenue, gains, and other support per audited financial statements		iiie iza.	1	3,281,262
2		ints included on line 1 but not on Form 990, Part VIII, line 12:		• •		3,201,202
a		nrealized gains (losses) on investments	2a	1879		
b		ted services and use of facilities	2b	0	1262221	
c		veries of prior year grants	<del></del>			
d		(Describe in Part XIII.)	2d			
e		nes <b>2a</b> through <b>2d</b>		<del></del>	2e	1,880
3		act line <b>2e</b> from line <b>1</b>			3	3,279,382
4		nts included on Form 990, Part VIII, line 12, but not on line 1.	1 1			3,219,362
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b		(Describe in Part XIII.)	4b			
c		nes <b>4a</b> and <b>4b</b>			4c	0
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,279,382
Part		Reconciliation of Expenses per Audited Financial Statem				3,219,302
- GIV		Complete if the organization answered "Yes" on Form 990,			n netum.	
1	Total	expenses and losses per audited financial statements		1110 12a.	1	2 450 444
2		nts included on line 1 but not on Form 990, Part IX, line 25:	• •	• •	1.30	3,469,441
a		red services and use of facilities	2a	•		
b		year adjustments	2b	0	信之	
c		losses	2c	0	15, *- [	
ď		(Describe in Part XIII.)	2d			
e		nes <b>2a</b> through <b>2d</b>	حادثا		2e	2
3		act line 2e from line 1			3	3,469,439
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		131	3,403,433
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b		(Describe in Part XIII )	4b	0	1 464 661	
		nes <b>4a</b> and <b>4b</b>			4c	0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,469,439
		Supplemental Information.		<del></del>	1 4 1	3,403,433
2; Part	XI, line	lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part of Income per Audited Financial Statements with Income per Return	to provi		formation.	,
Round	ing					1
Recon		n of Expenses per Audited Financial Statements with Expenses per Reti	urn			2

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name	of the organization					Employer id	entification number		
	ational Christian Embassy Jeru	salem - USA, I	nc.			62	-1279378		
Par	Form 990, Part IV, line	1 ON ACTIVIT	ies Outside	the United States. Comp	lete if the organ	ızatıon ansı	vered "Yes" on		
1	For grantmakers. Does the		maintain reco	ords to substantiate the amo	ount of its grants	and other			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
	grants or assistance? .		•				□Yes □No		
_	For grantmakers Decemb	a in Dont V i		an's muses divise for more		£ .11			
2	For grantmakers. Describe assistance outside the Unite		ine organizati	on's procedures for monit	oring the use o	or its grant	s and other		
3_									
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity liste a program se		(f) Total expenditures for		
		region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specifi service(s) in the	c type of	and investments in the region		
			contractors in the region	located in the region))	- region	a 15g.5		
				 	<u> </u>				
(1)					' 				
(0)									
(2)					 				
(3)									
(4)									
(5)				1					
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(6)				 	<u> </u>				
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- (16)		ļ					-		
									
(17)			L 			273 022			
3a b	Sub-total	 				* * 3 - V. 1			
D	sheets to Part I			KARANA					
_	Totals (add lines 3a and 3h)	<u> </u>			ET THE SHEET WAS A CO.	13. 10. 10. 10.			

Schedule F (Form 990) 2016

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

(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of	(h) Description of noncash assistance	(i) Method of
icable)		5		disbursement	assistance		(book, FMV, appraisal, other)
	Middle East	General Support	1,223,657	1,223,657 Check/Wire Transfer	None		
	Europe	General Support	83,600	83,600 Wire transfer	None		
	S America	General Support	10,000	10,000 Wire transfer	None	; ;	
\$ 4X							
2)							

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 ▶

3 Enter total number of other organizations or entitles . . .

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016.

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

Part	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

Schedule F (Form 990) 2016

Part V	Complete All Information
.,	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) Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047 20**16** 

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization Employer identification number International Christian Embassy Jerusalem - USA, Inc. 62-1279378 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations e 

Solicitation of non-government grants ✓ Internet and email solicitations f Solicitation of government grants b ☐ Phone solicitations g 

Special fundraising events In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) Yes No ¹ Infinity Concepts, 5331 Triangle ✓ Lane, Export, PA 15632 Consults on 61,477 5,052 2 fundraising 3 5 7 8 9 10 Total 66,529 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AK,AZ,CA,CO,CT,DC,FL,HI,IL,KY,MA,MI,MN,ND,NH,NJ,NY,SC,TN,WA,WV,WI

_		G (Form 990 or 990-EZ) 2016				Page 2
	art II	than \$15,000 of fundraisir	ng event contributions			
	·	gross receipts greater tha		T		<del></del>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
40			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
æ		·				
	3	Less: Contributions Gross income (line 1 minus	<u></u>	<del></del>		<u></u>
		line 2)				
		0				
	4	Cash prizes		<del></del>		
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment .				
	9	Other direct expenses .				
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d) , .	•	
	11	Net income summary Subtra	act line 10 from line 3, o	column (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
	Ţ	παπ ψ13,000 σπ1 σπ1 3	(a) Bingo	(b) Puli tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			( <b>L</b> , 5go	bingo/progressive bingo	(o) Guior gaining	col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes .				
lirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from I	ıne 1, column (d) .		
		ntor the etate/e) in which the ex-	manufaction conducts as			
	a Is	nter the state(s) in which the or s the organization licensed to co "No," explain:	•	s in each of these states	s?	☐ Yes ☐ No
				·		
10		Vere any of the organization's g "Yes," explain	aming licenses revoked	d, suspended, or termin	ated during the tax year	7 . 🗌 Yes 🗌 No

Schedu	ule G (Form 990 or 990-EZ) 2016	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No
13	Indicate the percentage of gaming activity conducted in:	
а	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?	☐ Yes ☐ No
	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?	☐ Yes ☐ No
b	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 See instructions	
		***************************************

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047	2016
	1

Open to Public Inspection

° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number General relief work General support ✓ 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 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (d) Amount of non- (f) Method of valuation grant cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77,793 15,797 Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance nternational Christian Embassy Jerusalem - USA, Inc. 26-2898374 73-1132900 (p) EIN 1298 Main St, Unit A-4120, Windsor, C 1 (a) Name and address of organization (2) Trinity Outreach International (1) Iraqi Christian Relief Council PO Box 3021, Glenview, IL 60025 or government Name of the organization Part II Part 9 <u></u> (10) Ξ (12) N ପ୍ର 3 € 8  $\mathbf{\epsilon}$ 

Schedule ! (Form 990) (2016)

Cat No 50055P

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

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.  (a) Type of grant or assistance recipients recipients recipients assistance recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipients recipient	Domestic individual	d. (c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
8					
4					
5					
9					
2					

# SCHEDULE L

Department of the Treasury

(5) (6)(7) (8) (9) (10)

# **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 2016

Internal Revenue Service ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number International Christian Embassy Jerusalem - USA, Inc. 62-1279378 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year . . . . . . . . . . . . . \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original (h) Approved by board or (b) Relationship (g) In default? (a) Name of interested person (c) Purpose of (d) Loan to or (f) Balance due (i) Written agreement? from the with organization principal amount organization? committee To Yes No Yes From No Yes No (1)(2)(3)(4)(5)(6)(7) (8)(9) (10)\$ **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (c) Amount of assistance (e) Purpose of assistance (a) Name of interested person (d) Type of assistance person and the organization _(1) (2) (3) (4)

(a) Name of interested person	(b) Relationship between	(c) Amount of	28b, or 28c. (d) Description of transaction	(e) Sha	anna o
(a) Name of Interested person	interested person and the organization	transaction	(b) Description of transaction	organi	
40			 	Yes	No
(1) Daryl Hedding	Son of former director		Employment		1
(2) Susan Michael (3)	Secretary, Director	126,412	Employment		<b>  ~</b>
(4)		<del></del>		<del></del>	<del>                                     </del>
(5)				_	<del></del>
(6)					
(6) (7)					
(8)					<u> </u>
(9)					Ļ
(10)			<u> </u>		<u></u>
Provide additional information	on for responses to questions	on Schedule I. (see	instructions)		
Trovido daditional information	errier respenses to questions	21,001,000,000		·	

## 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 2016

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

Open to Public Inspection

Name of the organization Employer identification number 62-1279378 International Christian Embassy Jerusalem - USA, Inc. Part III, Statement of Program Service Accomplishments Line 4d Other program expenses (Expenses \$274,689 including grants of \$252,775 ) (Revenue \$17,749 ) General use - ICEJ Jerusalem For providing transportation and supervision needs in order to accomplish work in Israel. (Expenses \$268,164 including grants of \$0) (Revenue \$151,642) 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 \$251,918 including grants of \$251,918 ) (Revenue \$258,739 ) Aliyah General Assistance Program Along with aiding Jewish immigrants in their return to their historic homeland in Israel, the ICEJ's Aliyah (immigrant) program provides clothing, household goods and medical care for new immigrants to Israel from around the world. (Expenses \$88,063 including grants of \$0) (Revenue \$71,028) 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 \$69,030 including grants of \$0) (Revenue \$24,364) Feast of Tabernacles Program Annually the single largest Christian 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) (2016)	Page Z
Name of the organization	Employer identification number 62-1279378
international Christian Embassy Jerusalem - USA, Inc.	1 92-1213310
(Expenses \$19,235_including grants of \$19,235) (Revenue \$15,200.)	
Operation Hope Assistance Program	
Provides shelter and rehabilitation for Middle East Christian refugees who have suffered religious persect	ıtlon.
Section A, Line 11A Review of the Form 990	
A copy of the Form 990 is sent to all board members for review and approval. The final approval is given b	y Susan Michael,
USA Director, before being submitted.	
Section B, Line 12c Conflict of interest policy	
The policy's compliance is monitored and enforced by an annual execution of the policy by each Board m	nember.
Section B, Line 15 Compensation	
Compensation is compared to other non-profit organization salaries via the annual compensation review	conducted by
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 public	c as requested
via mail, 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)	
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