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			1	on 501(c), 527 o not enter :								-		
Depa	artment of	the Treasury ie Service	1	Go to www		-			-		•	<b>.</b>	Inspe	Public.
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			Name of organ			Christian E	mbacey los					D Employe	, 20 r identification	number
_	Address		Doing business	-	ational	Cilistian Li	iibassy uci	usaiciii •	USA, III	·			62-1279378	
_	Name ch			reet (or PO bo	ox if mail	is not delivere	d to street ad	dress)	Room/s	uite		E Telephone		
5	Initial reti		O BOX 33297						1		ł		6158959830	!
٠.		n/terminated		tate or province	e, countr	y, and ZIP or fo	oreign postal	code	ــــــــــــــــــــــــــــــــــــــ				010000000	
]	Amended		lurfreesboro.	TN 37133								<b>G</b> Gross rec	eipts \$	4,118,867
]			Name and add		al officer	Susan Mi	chael, US E	rector		→ H(a) is			ibordinates? V	
		[	O BOX 33297			N 37133	•		,	- <b>-</b>	•		included? TY	
	Tax-exen	npt status	501(c)(3)	□ 5	01(c) (	) ◀ (ınse	rt no ) 🗌 494	17(a)(1) or	527				ist (see instruc	
	Website.	► www	icejusa.org						V	H(c)	Group	exemption n	umber ►	
	Form of o	rganization 🗸	Corporation	Trust 🔲 A	ssociatio	on 🔲 Other ▶		L Ye	ar of form	ation	1986	M State c	f legal domicile	DC
P	art I	Summa	iry					\						
	1	Briefly des	cribe the org	ganızatıon's	missio	n or most s	ignificant	activities.	. See a	ttached	staten	ent		
														*
	ļ													
;	2	Check this	s box ▶☐ if	the organiza	ation di	scontinued	its operat	ons or d	sposed	of more	than	25% of it	s net assets	S
and an income	3	Number of	f voting mem	bers of the	govern	ning body (F	Part VI, line	1a).				3		8
	4	Number of	f independer	nt voting me	mbers	of the gove	erning bod	y (Part VI	, line 1b	) .		4		6
	5	Total numi	ber of individ	luals emplo	yed in (	calendar ye	ar 2017 (P	ant V- ting	e 2a)			5		17
	6	Total num	ber of volunt	eers (estima	ate if ne	ecessary)	FOLI	NFD	1			6		5
ACTIVITIES A	7a	Total unre	lated busine:	ss revenue f	from Pa	art VIII, cold	imn.(ⓒ), lin	e-12	_//8/			7a		0
	b	Net unrela	ted business	s taxable inc	come fr	om/Form 9	90-T, line	34	<u> Ş</u>			7b		0
_						181	ALIG \$	भु द्वितिक	<u> </u>	P	rıor Ye	ar	Current	Year
	8	Contribution	ons and grar	nts (Part VIII	, line 1l	b) [3]	· BÜĞ 💥		عاليه.	1	3	,189,692		2,939,117
	9	Program s	service reven	ue (Part VIII	, line 2	g) [山]		-61	ĨT	7		89,384		1,178,467
	10	Investmen	it income (Pa	art VIII, colur	mn (A),	lines 3, 4,	nd Zd)	بسبلالة				306		299
	11	Other reve	enue (Part VII	ll, column (A	A), lines	5, 6d, 8g	9c, 10c, ar	id 11e)				0		984
			nue-add line						ne 12)		3	,279,382		4,118,867
	13		d sımılar amo									,413,847		1,288,027
	14		aid to or for									0		0
,	15	•	ther compens					(A), lines	5-10)	· · · · · · · · · · · · · · · · · · ·		843,073		834,649
	16a		nal fundraisın		-				,			61,477		20,349
	1		raising expe	-				3	78,923	· 13/4, 1		7.	, ,	<del></del>
į			enses (Part I								1	,151,042	·	2,014,694
	18		enses Add III					A), line 25	5)			,469,439		4,157,719
	19		ess expense						<i>'</i>			190,057)		(38,852)
ď			•							Beginning		rrent Year	End of	
Fund Ralances	20	Total asse	ts (Part X, lin	ne 16)							1	,347,418		1,031,698
ä	21		ities (Part X,	•								651,034		376,527
	22		s or fund bala	•	ract lin	e 21 from li	ne 20					696.384		655,171
9	art II		re Block	<u> </u>				•		L		0010,00		0 70,11 7
J٢	nder pena	Ities of perjury	y, I declare that to be Declaration of	have examine of preparer (other	ed this ret er than o	luiri, including flicer) is based	accompanyir I on all inform	g schedule ation of whi	s and stat ich prepar	ements, a er has any	nd to the	ne best of m	y knowledge a	and belief, it is
	gn ere		ture of officer or print name an	nd title	chs	on,	Treas	nve-			Dai	e / / -		
- ) -	aid	Print/Typ	e preparer s nan	ne	F	reparer's sign	ature		1	Date		Check [	T # PTIN	·
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	epare		me 🕨								Firm	's FIN ▶		
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٨a	y the IF		this return w	with the prep	arer sh	nown above	? (see inst	ructions)					Пу	'es 🗌 No
0	r Paperv	vork Reduc	tion Act Notic	ce, see the s	eparate	instruction	s.	<del></del>	Cat	No 11282	Υ			n <b>990</b> (2017)



onn 99	0 (2017		Page ∠
Part	П	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u> 🔽</u>
1		efly describe the organization's mission.	
	See a	attached statement	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	
-			Yes 🗹 No
	•	/es," describe these new services on Schedule O	163 (110
3		the organization cease conducting, or make significant changes in how it conducts, any program	
		_ · ·	Yes 🗹 No
	If "Y	Yes," describe these changes on Schedule O	
4		scribe the organization's program service accomplishments for each of its three largest program services, as	measured by
		enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the t	total expenses, and revenue, if any, for each program service reported.	
4a	(Coc	de ) (Expenses \$ 1,174,448 including grants of \$ 0) (Revenue \$ 1,174,448 including grants of \$	177,557)
		el Encounter Program	
	Prov	vides an economical way for pastors, churches, and young adults to visit Israel and gain a a deeper understanding c	of Israel's
	histo	ory and modern day restoration, connecting them to the ongoing work and purpose of the ICEJ through our progran	ns and
		reaches in Israel. Many of the tours include visits to ICEJ projects such as our Haifa Home for Holocaust Survivors a	
	tour	rs include hand-on service projects for then needy in every demographic of Israeli society.	
			**
4b	(Cod		771,676)
		cial assistance program touching the lives of all people in Israel by contributing to projects in every sector	
	OI SC	society across the nation. We fulfill our calling to comfort God's people by meeting the needs of children,	
	eige	erly, disabled, lone soldiers, new immigrants and needy families.	
40	(Cod	ode ) (Expenses \$ 453,611 including grants of \$ 10,000 ) (Revenue \$	25,258)
	•	ucational Program	
		scholar region.  Iches Christians about the Jewish roots of their faith and the biblical significance of Israel Achieves this	
		ough speaking tours, seminars, conferences and the production and distribution of teaching materials.	
		eps all persons interested in the work of the international Christian Embassy informed and up-to-date	
	*****	A	
	2200	out current programs and activities.	
	***		
4d	Oth	ner program services (Describe in Schedule O )	
		penses \$ 712,992 including grants of \$ 582,088 ) (Revenue \$ 418,656 )	
4e	Tota	tal program service expenses ► 3,036,990	

	•		
orm	990	120	171

Form 99	0 (2017)		-	Page 3
Part	V Checklist of Required Schedules			
	504/70 405/70 405		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\ <u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	100		
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		/
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
				3 (2017

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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)		i 5',,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		<b>/</b>
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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	Ė
		For	n <b>99</b> 0	(2017)

Pa <u>rt</u>				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 4			, , ,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	7,,	`	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			`
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	, -	-
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<b>V</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		,
_	account)?	4a	<del></del> ,	<u> </u>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	7		
	(FBAR).	1.		
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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>'</b>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	;		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	` .	/ n	, ~ · ·
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		ļ
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			\ <u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<del>,</del>
Ū	sponsoring organization have excess business holdings at any time during the year?	8	n 40mm	
9	Sponsoring organizations maintaining donor advised funds.	· ,	7.3	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12	N <sup>d</sup> "	,	,
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		•	
11	Section 501(c)(12) organizations. Enter	1		· '
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	, ,		1
	against amounts due or received from them.)			-
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		<u> </u>
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
-	Note. See the instructions for additional information the organization must report on Schedule O			<b></b>
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
	the organization is licensed to issue qualified health plans	-		/;
C	Enter the amount of reserves on hand			<u> </u>
14a b	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		1
	11 100, The It mod at only the to report these payments. If the, provide an explanation in defieldile of		990	(2017)

Form 99	ò (2017) ' '			F	age 6				
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch		ınsı	tructi	ons				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>.                                    </u>	$\overline{V}$				
Section	on A. Governing Body and Management								
		_		Yes	No ,				
1a	Enter the number of voting members of the governing body at the end of the tax year.	8	1	1					
	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	ļ		,					
	committee, explain in Schedule O	l	- [	. [					
b	Enter the number of voting members included in line 1a, above, who are independent	6	ı		,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with							
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under t	1							
	supervision of officers, directors, or trustees, or key employees to a management company or other person	n?	3		✓				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	<b>⊢</b> –	4		<b>✓</b>				
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		<b>√</b>				
6 7a	Did the organization have members or stockholders?		6		<u> </u>				
7.0	one or more members of the governing body?		7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) n	<u> </u>							
	stockholders, or persons other than the governing body?		7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during 📴							
	the year by the following.		* 3						
а	The governing body?		Ва	✓					
þ	Each committee with authority to act on behalf of the governing body?		3b	✓					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1	9	- 1	,				
Secti	on B. Policies (This Section B requests information about policies not required by the Inter			nde )					
	on an end of the end of the interest of the in	14.7707070		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	. 1	0a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp	<u> </u>	0b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to	he form?	1a	<b>✓</b>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		,	- , -					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		2a 2b	<b>√</b>					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	<b>├</b>	20	<b>V</b>					
·	describe in Schedule O how this was done		2c	1					
13	Did the organization have a written whistleblower policy?		13	1					
14	Did the organization have a written document retention and destruction policy?	. [	14	1					
15	Did the process for determining compensation of the following persons include a review and approximately approxima	, , , , , , , , , , , , , , , , , , , ,		^	,				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	} .		، ما دو شا	٠ ~				
a	The organization's CEO, Executive Director, or top management official		5a	<b>/</b>					
þ	Other officers or key employees of the organization	· <u>  1</u>	5b	<b>✓</b>					
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ingement		}					
100	with a taxable entity during the year?	_	6a	-	1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				<del>'</del>				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe								
	organization's exempt status with respect to such arrangements?	1	6b						
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed See attached statement.								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-I (Section 5	01(0	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply	01							
19	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	oet r	odiou	, ממל				
13	financial statements available to the public during the tax year	c. OF RIGHT	-or þ	Juiley	, and				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and reco	rds.	<b>•</b>					
	Daryl Hedding, USA Deputy Director, 1937 Barfield Rd , Murfreesboro, TN 37128 Tel. (615) 895-9830								

Enrm	990	1201	71

Page 7

Part VII	Compensation of Officers,	Directors.	Trustees.	Key Employees.	Highest (	Compensated	Employees	and
	Independent Contractors	,	,			o ponoutou	pc,ccc,	4,10

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	it officer, director	r, or trustee
				•	<b>(</b> )					
(A)	(B)	,   ,		Pos		than c		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any	officer and a director/trustee)					ee)	compensation	compensation from related	amount of other
	hours for	약협	snl	Officer	ê	er Hig	Former	the	organizations	compensation
	related organizations	dred.	Ē	cer	en	best	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	or a	ona		Key employee	8 5		(W-2/1099-WISC)		organization and related
	line)	individual trustee or director	Institutional trustee		œ	npe		}	ļ	organizations
		6	stee			Highest compensated employee				
	<u> </u>		<u> </u>	-			<del>                                     </del>			
(1) Dr George Giacumakis	2		)				1		}	
President, Director		✓_		1			_	0	0	0
(2) Dr. Juergen Buehler	4									
Director	ļ	<b>✓</b>	<u> </u>				_	0	0	22,680
(3) G Allen Jackson	2						l	ļ	ĺ	
Treasurer		<b>✓</b>	_	<u> </u>			_	0	0	0
(4) Rev. Jerry Dirmann	2							Ì		
Director	<b> </b>	<b>✓</b>						0	0	0
(5) Terry Allen	2	,					1			
Director	ļ	1		<u> </u>	<u> </u>		_	0	0	0
(6) Michael Little	2	,					ļ	l	ļ	
Director	-	<b>✓</b>	<u> </u>		<u> </u>		<del> </del> —	0	0	0
(7) Susan M. Michael	40	,	١.	,	,		l	]	ļ	
Sec, USA Director	<del> </del>	<b>√</b>	-	<b>/</b>	✓		-	135,582	0	0
(8) Daryl J. Hedding	40	}	1		_			1		_
Deputy Director	<del>                                     </del>		├	-	✓	<del> </del> -		103,915	0	0
(9) Michael R. Hines	40				ļ	/	ŀ	404000		
Outreach Director	2	<del> </del>	+-	-	├	<del></del> -	├	104,926	0	0
(10) Dr. Dean Haun Director	<del></del>	1	1					f		
(11)	<del> </del>	<b>├</b> `	┢╌	-	-	<del> </del>	├-	<del> </del>	<del> </del>	<del></del>
<u> </u>								1		
(12)	-									
(13)				-	-		-			
(14)	<u> </u>		-	-	$\vdash$	<del> </del>				
							L			

Part	Section A. Officers, Directors, Trust	ees, Key E	mpio	yees			ugnes	St C	ompensated E	mployees (cor	tinue	<u>a)</u>		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than on the than the than the than the than the	an	(D)  Reportable compensation	(E) Reportable compensation from related		Estir amo	F) nated unt of	
		week (list any hours for related organizations, below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	»	compe fror organ and r	ther ensation in the nization related izations	
(15)											1			
(16)						-								
(17)			-			-					+			
(18)						-					+			
(19)				-		-		-		<u> </u>	$\dashv$			
(20)								-			_			
		Ĺ						-			-		<del></del> -	
(22)											-		<del></del> -	
		ļ		-				-			-			
(24)				-	-	-		-	<u> </u>		-	<del></del> _	·	
(25)				_	_	-					+			
1b	Sub-total	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>		<b></b>	344,423		0		2	2,680
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	on <b>A</b>					<b>&gt;</b>	344,423		0			2,680
2	Total number of individuals (including bur reportable compensation from the organi						above	e) w				of		2,000
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp		est compens	ated	3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio	on a s,"	ind other comp complete Sch	pensation from ledule J for s	the uch	4		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indivi	dual	5		<b>✓</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													1X
	(A) Name and business add	fress							(B) Description of s	ervices	C	(C) ompens	ation	
None														
								-						
2	Total number of independent contractor received more than \$100,000 of compens							tr	nose listed abo	ove) who				

Form **990** (2017)

	990 (201 t VIII	Statement of Reve		· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del></del>	Page <b>9</b>
		Check if Schedule O	contains a res	sponse or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (con All other contributions, g and similar amounts not inc	1b 1c 1d 1tributions) 1e	2,939,117		revalue .		312-014 A.57
	g h	Noncash contributions include <b>Total.</b> Add lines 1a-1		Business Code	2,939,117			,
Program Service Revenue	2a b c d e	Educational Tour Incom		561599	1,178,467	0	0	1,178,467
Prog	g	Total. Add lines 2a-2		. •	1,178,467	SA SE	L , , , , ,	<u> </u>
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts) . t of tax-exempt b	oond proceeds	299	0	0	299
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or	<u> </u>	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
enne/	d 8a	Net gain or (loss)  Gross income from fuevents (not including \$	undraising	<b>&gt;</b>			3	
Other Reve	b	of contributions reporte See Part IV, line 18 Less direct expenses	·	9				ر الرائي الرائي
Ü		Net income or (loss) f Gross income from ga See Part IV, line 19			Better State		, , ,	,
		Less direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming activentory, less	·				-
	b c	Less cost of goods s Net income or (loss) f Miscellaneous F	rom sales of inv	11,908	7	0		984
	11a b c d	All other revenue  Total. Add lines 11a-						
	12	Total revenue. See in		•	4.118.867	0	0	1 179 750

Form 990 (2017)

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 (B) Program service expenses (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 88,296 88,296 Grants and other assistance to domestic individuals See Part IV, line 22 . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 1,199,731 1,199,731 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 50,030 123,919 4,228 178,177 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages 638,856 270,268 362,270 6,318 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,490 388 16,102 0 9 Other employee benefits 9,952 9,401 551 10 Payroll taxes 78,280 4,577 73,678 25 Fees for services (non-employees): 11 Management 0 Legal 2,500 2,500 0 15,677 0 C Accounting 15,677 0 0 d Lobbying . A. C. • \* Professional fundraising services See Part IV, line 17 20,349 20,349 270 Investment management fees 270 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 98,086 90,314 1,374 6,398 12 Advertising and promotion 406,804 103,035 1,305 302,464 Office expenses 95,028 13 100,274 2,346 2,900 Information technology 22,245 18,791 3,454 0 14 9 Royalties 472 472 15 16,675 0 Occupancy n 16 16,675 581 17 Travel 22,215 16,212 5,422 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 Conferences, conventions, and meetings . 1,190,024 99 19 1,200,476 10,353 20 6 0 Payments to affiliates 0 0 0 21 1,917 0 22 Depreciation, depletion, and amortization . 1,917 0 0 23 insurance . 4,939 4,939 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 O) Mailing List & Other Services 0 28,235 28,235 State Registrations 0 6,770 þ 6,770 Business Registrations 24 C d All other expenses

Total functional expenses. Add lines 1 through 24e 741,807 4,157,719 3,036,990 378,922 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 🕨 🔲 following SOP 98-2 (ASC 958-720)

Form 990 (2017)

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 1,281,914 904,446 Savings and temporary cash investments 2 n Pledges and grants receivable, net 3 0 0 4 Accounts receivable, net 8,329 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 0 8 Inventories for sale or use Õ Prepaid expenses and deferred charges 9 38,801 108,248 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 8.157 Less accumulated depreciation . 10b 4,712 5,362 10c 3.445 Investments-publicly traded securities 11 8,883 11 6,540 Investments-other securities. See Part IV, line 11 12 12 0 Investments-program-related See Part IV, line 11 13 0 13 14 14 Intangible assets 0 0 15 Other assets See Part IV, line 11 15 35 690 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,347,418 16 1,031,698 17 Accounts payable and accrued expenses 278,576 17 121,170 18 Grants payable 18 Deferred revenue 19 19 372,458 255.357 20 20 Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 0 Unsecured notes and loans payable to unrelated third parties 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 651,034 376,527 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 510,562 227,478 Temporarily restricted net assets 28 28 185,822 427,693 29 Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances 696,384 33 655,171 Total liabilities and net assets/fund balances 1.347.418 1,031,698

	90 (2017)			Р	age <b>12</b>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	<u> </u>	:-	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	18,867
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,1	57,719
3	Revenue less expenses Subtract line 2 from line 1	3			38,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	96,384
5	Net unrealized gains (losses) on investments	5			-2,362
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	55,171
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			•	. 🖂
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash  Accrual  Other				Ţ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	-		
	Schedule O.				١.
2a			2a	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	1	1	~
	reviewed on a separate basis, consolidated basis, or both:				]
	Separate basis Consolidated basis Both consolidated and separate basis		* ,		7.4
b			2b	1	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		-	1.
	separate basis, consolidated basis, or both		;	· ·	1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				]
	of the audit, review, or compilation of its financial statements and selection of an independent according	intant?	20	1 /	1

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

Schedule O

3b | Form 990 (2017)

За



#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

Open to Publ

one of to www.irs.gov/Form990 for instructions and the latest information.

Inspection

2017 Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number

	national Christian Embassy Jerusale						79378
Pai	<del></del>						ons.
	organization is not a private founda				•	•	
1	A church, convention of church						
2	A school described in <b>section</b>						
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	ə:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organior university or a non-land-grauniversity.	nt college of agr	iculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and		-				
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fo	unctions of, or to ca	rry out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a thro	-	• • • • • • • • • • • • • • • • • • • •		•	•	
а	Type I. A supporting organ the supported organization supporting organization. Y.	(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c	The second of the second secon	rated. A suppor	ting organization opei	rated in c			ally integrated with,
d	. 🖶 – '		•				orted organization(s)
	that is not functionally integrity requirement (see instruction	grated The orga	nızatıon generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of	• •					
g	Provide the following information	about the supp	orted organization(s)				<del></del>
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
				Yes	No	1	
(A)							
(B)							
(C)							
(D)							
(E)							,
Tota	1	Walter State	63.00 677.3	S. 1999			<del> </del>

-							. 490 2
Part							•
	(Complete only if you checked the						ality under
<u> </u>	Part III. If the organization fails to	o quality unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(=) 0012	(h) 0014	(-) 001E	(d) 0016	(-) 0047	(6) Tabal
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4 400 000	0.040.700	0.000.044	0.400.000	0.000.447	40 404 544
2	Tax revenues levied for the	1,420,326	2,618,792	3,263,614	3,189,692	2,939,117	13,431,541
2	organization's benefit and either paid	1					
	to or expended on its behalf	) 0	0	o	0	0	0
3	The value of services or facilities	<u>~</u>	<u>~</u>				<del>-</del>
•	furnished by a governmental unit to the		1		ļ		
	organization without charge .	0	o	o	o	o	0
4	Total. Add lines 1 through 3.	1,420,326	2,618,792	3,263,614	3,189,692	2,939,117	13,431,541
5	The portion of total contributions by	13-16-38	# W-2011			S. D. Jake	
·	each person (other than a						
	governmental unit or publicly	Ser Service					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	Town Control		1000			0
_6_	Public support. Subtract line 5 from line 4	· 原作等。 論學。	T. B. Yang T. Shing		N. A. S.	<b>新港港</b> 東京	13,431,541
	on B. Total Support	T (1) (2) (2)					<del></del> -
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,420,326	2,618,792	3,263,614	3,189,692	2,939,117	13,431,541
8	Gross income from interest, dividends,						
	payments received on securities loans,	1	Ì				
	rents, royalties, and income from similar sources	74	400	47.4		200	4.000
9	Net income from unrelated business	71	192	471	306	299	1,339
9	activities, whether or not the business		}		ľ		
	is regularly carried on		0	o	,	o	0
10	Other income. Do not include gain or	<u> </u>		ļ <del>-</del>	<u>*</u>		
,,	loss from the sale of capital assets	1	1		ļ	1	!
	(Explain in Part VI.)	0	l	0	o	984	984
11	Total support. Add lines 7 through 10		A CONTRACTOR			\$   \$ & <b>.</b> \\$\	13,433,864
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	1,869,022
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppo					. · · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2017 (line			1, column (f))		14	99.98 %
15	Public support percentage from 2016 Sc					15	99 99 %
16a	331/3% support test—2017. If the organion box and stop here. The organization qua						
<b>L</b>	331/3% support test—2016. If the organ	-		•			لتا
b	this box and <b>stop here.</b> The organization				•		
17a	10% or more, and if the organization meat VI how the organization meets the	eets the "facts	and-circumst cumstances" te	ances" test, cl	neck this box a zation qualifies	and stop here.	Explain in supported
<b>L</b>	•					6a 16h 0: 17	. ► ∐ a and line
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is						
	.,						▶ □
18	Private foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Dog .	Support Schedule for Organiza	tions Deser	had in Cast	F00(-)(0)			3
Part					nination failes	سرين ڪئام ريم ماء ا	alam Danie II
	(Complete only if you checked th						der Part II.
<u> </u>	If the organization fails to qualify	under the tes	sts listed bei	ow, piease co	ompiete Part i	1.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			1			
_	received (Do not include any "unusual grants")			١			, 
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .			i,			
3	Gross receipts from activities that are not an			1			
	unrelated trade or business under section 513			ļ.			
4	Tax revenues levied for the					<i></i>	
•	organization's benefit and either paid to			ļ į			
	or expended on its behalf		1	l #			
5	The value of services or facilities		<del></del>	1 1			<del></del>
3	furnished by a governmental unit to the						
	organization without charge			]	/		
•	<del>-</del>			1 1	ļ		<del></del> _
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	<del></del>		<del>- !</del> -			
7a							
	received from disqualified persons .			1 1			
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			/	<u> </u>		
С	Add lines 7a and 7b			\ \ \			
8	Public support. (Subtract line 7c from		13 🛣 3 1 <b>1</b> 7	1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	line 6.)		2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Secti	on B. Total Support		/				
Caler	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015 \	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .			"			
10a	Gross income from interest, dividends,		,'				
	payments received on securities loans, rents,		/		<b>\</b>		
	royalties, and income from similar sources		/	į			
b	Unrelated business taxable income (less	7			1		····
-	section 511 taxes) from businesses	/		1	"		
	acquired after June 30, 1975	/			\		
С	Add lines 10a and 10b	/			,		<del></del>
11	Net income from unrelated business	//		<del>-</del>	<del>                                     </del>		<del></del>
• • •	activities not included in line 10b, whether	/			\		
	or not the business is regularly carried on				į		
40		<del>-</del>			<del></del>		
12	Other income Do not include gain or	/					
	loss from the sale of capital assets	ľ			Ι ,		
	(Explain in Part VI.)		·		\		
13	Total support. (Add lines 9, 10c, 11,				\		
	and 12.)	L	<u> </u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the		n's tirst, secon	id, third, fourth	n, or fifth tax $y$	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u> </u>
Sect	ion C. Computation of Public Support					<u>\</u>	
15	Public support percentage for 2017 (line	8, column (f) di	ivided by line 1	13, column (f))		∖15	%
16	Public support percentage from 2016 Sci	hedule A, Part	III, line 15	<u> </u>	•	16	%
Sect	ion D. Computation of Investment In	come Perce	ntage			,	
17	Investment income percentage for 2017 (	line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010					18 '\	%
19a	331/3% support tests-2017. If the organ				nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz					- \	
5	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de					-	,

#### 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.	ΑII	Supporting	Organizations
---------	----	-----	------------	---------------

		7	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	2 82.45	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	<u> </u>	
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	2.2	
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.	≦	عَدْ ــــــ	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	a a	
С	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 <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<i>§</i> 5b		
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 <b>Part VI</b> .	6		
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	i., Žon.	
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		لشنشأ
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 <b>Part VI.</b>	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 <b>Part VI</b> .	9b	<b></b>	
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 <b>Part VI.</b>	9c	<i>-</i> /	
0a	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	<u></u>	
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	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	. " 27	٠, ز	1.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		á	
	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		
Section	on B. Type I Supporting Organizations			···
_		Z .	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	٠	,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	( ) ( ) ( )		1.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	المالية	نَشْد .	
		1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported	10 mg	: ,Ž,	with a
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	\$ v. i	**	200
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	100	. A .	,,
		2	l	
Secti	on C. Type II 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	1.5	. 🕸	3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ų.	, and	1
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	أسدأسا		\$
		1	<u> </u>	
Secti	on D. All Type III Supporting Organizations		1	T
_		F 1 8"	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3.2	78°	Se.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	ž.	in the
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		2.2	5- 2 +sa.
		1		. 200
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	الله المراجع و العرب المراجع و	`.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		&i	
_		2	15	,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	ļ .	美型	.4
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	k \		57
	supported organizations played in this regard.	****	12.50	
01		3		<u> </u>
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 it	instru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	'see ın	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
			162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	•	. *	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		ļ.,	
	that these activities constituted substantially all of its activities.		130 1 61	-2-
L	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	•	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1 %	; ·
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	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u>ــــــــــــــــــــــــــــــــــــ</u>	ــــــــــــــــــــــــــــــــــــــ
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	1	ı

Schedule A	/Form	aan	ഷ വേദ	-F7\	2017
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		,
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	2° S		
a Average monthly value of securities	1a		_
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		· · ·
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	STANCE OF THE REAL	
2 Enter 85% of line 1	2	Brazio e e a Marca ?	
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		<del></del>
5 Income tax imposed in prior year	5	的 <b>特殊性</b> 化。 "是要这个	
6 Distributable Amount Subtract line 5 from line 4, unless subject to			·
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
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	h the organization is res	sponsive	
_	(provide details in Part VI) See instructions.	J		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2017	[p7][\$[25][\$[2][2][2][2][2][2][2][2][2][2][2][2][2][		1 1 1 1 1 1 1 1 1 1
a	PART AND COLUMN TO A SECOND SECOND	RESERVE LANGE	8830000	7 15 15 CT 550 X
b	From 2013	V A 1968 - 1973	TO THE TALK	1 1 2 3 3 3 1 1 2
C	From 2014			T. N. 24
d	From 2015		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-1 - 1 - A
e	From 2016			1 × 1 × 10 1/2
f	Total of lines 3a through e			11 / 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g	Applied to underdistributions of prior years		**************************************	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
h	Applied to 2017 distributable amount		JUNE VE BARREN	1
<del></del>	Carryover from 2012 not applied (see instructions)	7.00 . 3.50 - 3.40 . 30		· * * · · · · · · · · · · · · · · · · ·
<del></del> -	Remainder Subtract lines 3g, 3h, and 3i from 3f	A CAMP - CAMPACA - A CAMPACA - A CAMPACA		
4	Distributions for 2017 from	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1	37.20
•	Section D, line 7 \$			
a	Applied to underdistributions of prior years	187.498- 27- 191- 1969. Star		
<u>u</u>	Applied to 2017 distributable amount	44,644,634,634,634,634		77 73 X X X X X X X X X X X X X X X X X
	Remainder Subtract lines 4a and 4b from 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100 (A)
		Market 15-46-1	S. S	**************************************
5	Remaining underdistributions for years prior to 2017. if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions			
		3867 66 N. W. S. C. C. S. Z.	~"' ` ` ` \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions	Carried State of the Control of the		
7	Excess distributions carryover to 2018. Add lines 3j	\$4.400 a \$2.500 a \$2.70 a \$1.30	1988年1988年2月 1984年	, , X
	and 4c			, (a)
8	Breakdown of line 7:	, 7 7 .		<u> </u>
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Ill, 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.)

## SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

• Se	ction 501(c)(3) organizations t	that have filed Form 5768 (election und	der section 501(h)) (	Complete Part II-A Do not co	mplete Part II-B
• Se	ction 501(c)(3) organizations t	that have NOT filed Form 5768 (election	n under section 501	I(h)) Complete Part II-B Do r	not complete Part II-A
		," on Form 990, Part IV, line 5 (Prox	y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ee separate instructions), th				
	ection 501(c)(4), (5), or (6) orga of organization	inizations Complete Part III		Employer idea	ntification number
	ŭ	anno alama 1104 lan		Employer ider	
Part	tional Christian Embassy J	erusalem - USA, Inc. e organization is exempt und	er section 501/	c) or is a section 527	62-1279378
1		the organization's direct and in		<del> </del>	<del></del>
ı	definition of "political can		direct political ca	ampaign activities in Fan	i iv. (see instructions for
2		y expenditures (see instructions)			5
3	, ,	cal campaign activities (see instruc	ctions)		
Part		e organization is exempt und		c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶ \$	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	r section 4955 🕨 🖇	}
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	. 🔲 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 📗 No
b	If "Yes," describe in Part				7.7.2
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
•				<b>▶</b> \$	
2	527 exempt function acti	filing organization's funds contrib	outed to other or	ganizations for section	
3	•	expenditures Add lines 1 and 2	· · · · · · · · · · · · · · · · · · ·		
J	line 17b			· · · · · · · <b>&gt;</b> \$	
4		n file Form 1120-POL for this year	?		. Yes No
5		ses and employer identification nu		ection 527 political organi	
	organization made payme	ents For each organization listed,	enter the amount	paid from the filing organ	ization's funds Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	e (PAC) If additio	nal 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
					delivered to a separate
					political organization If none, enter -0-
				<del> </del>	
(1)		ļ	†		
			<del> </del>		
(2)			1		
(0)				<del> </del>	
(3)			1		
(4)					
(4)					
(5)					
(6)		ļ	4		
		I .	1	1	i

Schedule C	Form 990	or 990	-EZ) Ź	017

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Sche	tule C (Form 990 or 990-EZ) 2017					Page 2
Par	t II-A Complete if the organizatio section 501(h)).	n is exempt u	nder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A (	Check In the filing organization belon address, EIN, expenses, and				liated group memb	er's name,
В	Check ► ☐ If the filing organization check		, , ,	•		
	Limits on Lobb			от арр.у.	(a) Filing	(b) Affiliated
	(The term "expenditures" m			<b>)</b>	organization's totals	group totals
1:	<del></del>				-	
ï		•		•		
		-	dy (direct lobbying	9)		
ì		a and 1b)	·		<del></del>	<del></del>
		 Hinne 1e and 1	 a\			<del></del>
(						<del></del>
1	Lobbying nontaxable amount. Enter columns	tne amount in	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:	[[編]] 為於[[[]]	
	Not over \$500,000	20% of the am	ount on line 1e			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	7 15 3	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000	B G \$ 2 3 3	
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25	5% of line 1f)				
1	Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c If zero or le	ss, enter -0-				
	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?	?		· · · .		Yes No
	(Some organizations that made a se	ction 501(h) ele	Period Under sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
2	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d For	m 5768
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
descr	ription of the lobbying activity	es No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
а	Volunteers?		
b	} <del></del>	<del>/   `</del>	
c	Media advertisements?		- Andrew Sillian - Andrew Arenne
d		/ <del>  `</del>	3,1
e	Publications, or published or broadcast statements?	7	
f	Grants to other organizations for lobbying purposes?	<del>                                     </del>	<del></del>
	Direct contact with legislators, their staffs, government officials, or a legislative body?	<del>                                     </del>	<del></del>
g h		<del>/   *</del>	<del></del>
_	Other activities?	<del>'   ,</del>	. 5
i		<b>- 2</b> € 2 € 2 €	
) J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>3.6</b>
2a	If "Yes," enter the amount of any tax incurred under section 4912	**************************************	
b	β5		\$ <del> </del>
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		é:
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	<u> </u>	<u> </u>
Fait	501(c)(6).	y, or s	section
-	· · · · · · · ·		Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri	or vear	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Dues, assessments and similar amounts from members	(b) Pa	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	<u> </u>	
_	political expenses for which the section 527(f) tax was paid).	Ì.	
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	20	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	9	41
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Par			
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group e instructions); and Part II-B, line 1. Also, complete this part for any additional information	list); P	Part II-A, lines 1 ar
Part II	-B Lines 1 a-l		
All lob	obying activity involved a single campaign to lobby the US President to abide by promises he had made to th	e Amer	rican people
during	the election		

chedule C (For	m 990 dr 990-EZ) 2017	Page <b>4</b>
Part IV	Supplemental Information (continued)	
		·
·		

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

ianie o	i ilie Organization		Employer identification number
nterna	tional Christian Embassy Jerusalem - USA, Inc.		62-1279378
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
5	funds are the organization's property, subject to the		
_			
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	tit of the donor or donor advisor, or t	
	conferring impermissible private benefit? .		· · · · L Yes L No
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	organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	tion or education)   Preservation of	of a historically important land area
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
	Preservation of open space	<del>_</del>	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easement		2b
b	•		
c	Number of conservation easements on a certified	• •	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	
_	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		**********
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$		ů ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	concentation eacements in its revenue	
3	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		Tarrolar statements that describes the
Dav	1-1-1-1-1		r Other Similar Assets
Par	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	, , , , , , , , , , , , , , , , , , , ,	
	works of art, historical treasures, or other simila	•	ducation, or research in furtherance of
	public service, provide the following amounts relate	=	
	(i) Revenue included on Form 990. Part VIII. line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art	. historical treasures, or other simila	r assets for financial gain, provide the
-	following amounts required to be reported under S		<b>.</b>
_		· · · · ·	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		. <b>&gt;</b> \$
n	ASSEIS INCIDORO DI FORD 990. PAR A		

Schedule I	(Form	990	2017

Page	2

Part								
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and ot	her recor	ds, chec	k any of th	e follow	ing that are a	significant use of its
а	☐ Public exhibition		d	Loan	or exchang	je progr	ams	
b	Scholarly research		e	☐ Other				
	Preservation for future generations							
4	Provide a description of the organizati XIII.		and expla	in how th	ney further	the org	anızation's exe	empt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tr	easures	s. or other sim	ılar
	assets to be sold to raise funds rather							· 🗌 Yes 🗌 No
Part	V Escrow and Custodial Arra	ngements.			_	-	<del></del>	
	Complete if the organization 990, Part X, line 21.						·	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contribut	ions or	other assets	not Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:	<u></u>		Amount
С	Beginning balance					10		
	Additions during the year					1d		
e	Distributions during the year .					1e		
f	Ending balance					1f		
2a	Did the organization include an amour	it on Form 990, P	art X. line	21. for e	scrow or co			tv? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							. —
	V Endowment Funds.					-		
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance .							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships .							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1g	, column (a	i)) held a	as.	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%					
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	ministered for	the
	organization by							Yes No
	(i) unrelated organizations .							3a(i)
	(ii) related organizations	-						3a(ii)
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	l as requi	red on So	chedule R?			. 3b
4	Describe in Part XIII the intended uses		on's endo	wment fo	unds.			
Part					_		_	
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	e 11a.	See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings .							
С	Leasehold improvements							
d	Equipment				5,300		1,855	3,445
е	Other							
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part )	K, columr	(B), line 10	(C.)	▶	3,445

	(a) Description of security or cate (including name of security)	egory	(b) Book value		Method of valuation and-of-year market value
1) Financial		<del></del>			The or your market value
	neld equity interests			+	<del></del> -
		•	<del></del>		
(A)					
(B)				<del> </del>	
(C)				1	
(D)					
(E)					
(F)				T	<del></del>
(G)					
(H)					
otal. (Column (l	b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		was a fire	
Part VIII	Investments - Program Rela				
	Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, III	ne 11c. See For	rm 990, Part X, line 13
	(a) Description of investmen	t	(b) Book value		Method of valuation end-of-year market value
(1)					
(2)			<del> </del>	<del></del>	
(3)				<del> </del>	<del></del>
(4)					
(5)			<del> </del>	<del> </del>	
(6)			<del> </del>	<del> </del>	<del></del>
(7)		<del></del>	<del>                                     </del>	<del> </del> -	
(8) (9)			ļ · · · · · · · · · · · · · · · · · · ·	<del> </del>	
	b) must equal Form 990, Part X, col (B) line 13			W 77	
Lotal, (Golumn (			ļ.		
			<u> </u>	12. 2	
Part IX	Other Assets.		rm 990, Part IV, III	<u>. h ^ n-m                                </u>	<u> </u>
			rm 990, Part IV, lii	<u>. h ^ n-m                                </u>	<u> </u>
Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
Part IX	Other Assets.	answered "Yes" on Fo	l rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, III	<u>. h ^ n-m                                </u>	rm 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a min (b) must equal Form 990, Part Other Liabilities. Complete if the organization a	answered "Yes" on Fo (a) Description  X, col. (B) line 15)		ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	Other Assets. Complete if the organization a  mn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columerat X	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	answered "Yes" on Fo (a) Description  X, col. (B) line 15)	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X  1. (1) Federal III (2) (3)	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal III (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation (	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal III (2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal III (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part of the Liabilities. Complete if the organization aline 25  (a) Description of Irability	Answered "Yes" on Fo  (a) Description  (b) Book value	rm 990, Part IV, III	ne 11d. See Fo	rm 990, Part X, line 15.  (b) Book value

Part		implete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1		enue, gains, and other support per audited financial statements	1 4 120 476
2		included on line 1 but not on Form 990, Part VIII, line 12	<b>1</b> 4,130,476
a		alized gains (losses) on investments 2a	(7条)
b		services and use of facilities	(3)
c		es of prior year grants	
ď		scribe in Part XIII)	
e		2a through 2d	<b>2e</b> 0
3		line 2e from line 1	3 4,130,476
4		included on Form 990, Part VIII, line 12, but not on line 1:	4,130,476
a		nt expenses not included on Form 990, Part VIII, line 7b . 4a 0	
b		· · · · · · · · · · · · · · · · · · ·	
C	•	scribe in Part XIII)	***************************************
5		enue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	
Part		econciliation of Expenses per Audited Financial Statements With Expenses pe	
rait		omplete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r neturn.
1		enses and losses per audited financial statements	1 4,171,688
2	Amounts	included on line 1 but not on Form 990, Part IX, line 25	` ^
а	Donated	services and use of facilities 2a   0	
b		r adjustments	**
С	Other los	ses	
d	Other (De	escribe in Part XIII.)	1 * 1
e	•	2a through 2d	2e 11,609
3		line <b>2e</b> from line <b>1</b>	3 4,160,079
4	Amounts	included on Form 990, Part IX, line 25, but not on line 1:	A. *
а		nt expenses not included on Form 990, Part VIII, line 7b . 4a 0	
b		escribe in Part XIII)	⊉ 21
c	•	4a and 4b	4c -2,360
5		enses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 4,157,719
Part		upplemental Information.	4,101,113
		criptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b	Part V. line 4. Part X. line
		2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional in	
		Income per Audited Financial Statements with Income per Return	
necon	Ciliation Of	income per reduced i manoral ordicinento with moonie per neturn	
Amou	nte include	d on Form 990, Part VIII, line 12, but not on line 1.	
Amou	ins morage	d Off Offit 330, Part Via, time 12, but not on line 1.	
Othor	Cost of Go	node Sald	11.009
Other	COSI OI GC	oods Sold	-11,908
015	lauastman	t Innome	200
Other	Investmen	i ricone	299
	-111-414	Fundamental Auditor Financial Chataments with Company Bataments	
Recor	cination of	Expenses per Audited Financial Statements with Expenses per Return	
_		A CONTRACTOR OF THE PROPERTY O	
Amou	nts include	d on line 1 but not on Form 990, Part IX, line 25:	
	0	and Add	
Otner.	Cost of Go	00ds Sold	11,908
Other	Investmen	t Income	-299
_			
Amou	nts include	d on Form 990, Part IX, line 25, but not on line 1:	
			_
Other	Unrealized	Loss on Investments	-2,632
_			
Round	ling		2

Schedule D (Fo	rm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
		***************************************
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		***************************************

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	General Information Form 990, Part IV, line	on Activiti		the United States. Comp		e-1279378 wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	organization				
	grants or assistance? .	•				☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monite	oring the use of its grant	s and other
3_	Activities per Region (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
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(13)						
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(15)		ļ				!
(16)						
(17)						
3a	Sub-total			10 10 10 10 10 10 10 10 10 10 10 10 10 1		
b	Total from continuation sheets to Part I			March Control of the		

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2017

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

	-	C							
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ	, ,		MIDDLE EAST	GENERAL SUPPORT	1,089,186 WIRE	WIRE	NONE		•
<u>(</u> 2)	,		EUROPE	GENERAL SUPPORT	52,430 WIRE	WIRE	NON		•
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(12)									
(13)	, , ,	,							
(14)	,								
(15)									
(16)					-				
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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 ▶ N

Enter total number of other organizations or entities ო

Page 3

Schedule F (Form 990) 2017

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. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance NONE NONE NONE (f) Amount of noncash assistance (e) Manner of cash disbursement 31,615 WIRE 2,500 WIRE 24,000 WIRE (d) Amount of cash grant (c) Number of recipients Middle East and North Af (3) Food, shelter, clothing & trans | Russia and Neighboring Sub-Saharan Africa (b) Region (a) Type of grant or assistance (1) Food, shelter & clothing (2) Food, shelter & clothing Part III <del>1</del>0 (12) (13) 14 <u>4</u> 6 (11) (15) 9 E 8

Schedule F (Form 990) 2017

(16)

(18)

(17)

Schedule	F	(Form	990)	2017	

Dogo	Λ
Page	-

art	<u> </u>	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	☑ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign it With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621)	☐ Yes	☑ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain organizations (see Instructions for Form 8865)	☐ Yes	<b></b> ✓ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see auctions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2017

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chedule	F	(Form	990)	2017	

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundralsing 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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions 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. Part I 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 а Internet and email solicitations f Solicitation of government grants c Phone solicitations g 

Special fundraising events d In-person solicitations 2a 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? b 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 (III) Did fundraiser have custody or control of contributions? (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) or entity (fundraiser) from activity organization col (i) Yes No <sup>1</sup> Global Strategic Alliance, 9314 Forest Hill Blvd Suite 110, Consults on 0 20,349 -20,349 2 Wellington, FL 33411 **Fundraising** 5 8 9 10 **Total** 0 20,349 -20.349List 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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Hevenue	1	Gross receipts				
ב	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes			*··	
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire.	8	Entertainment				
	9	Other direct expenses				
]	10	Direct expense summary Ac Net income summary Subtra				
-	11	The meeting summary subtre				
Pa	11 11	Gaming. Complete if the	e organization ansv			reported more
			e organization ansv			reported more  (d) Total gaming (add col (a) through col (c))
_		Gaming. Complete if the	e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99  (b) Pull tabs/instant	00, Part IV, line 19, or	(d) Total gaming (add
Hevenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99  (b) Pull tabs/instant	00, Part IV, line 19, or	(d) Total gaming (add
Hevenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99  (b) Pull tabs/instant	00, Part IV, line 19, or	(d) Total gaming (add
Direct Expenses Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes	e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99  (b) Pull tabs/instant	00, Part IV, line 19, or	(d) Total gaming (add
Hevenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes  Noncash prizes	e organization ansv 90-EZ, line 6a. (a) Bingo	vered "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	00, Part IV, line 19, or	(d) Total gaming (add col (a) through col (c))
Hevenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes  Noncash prizes  Rent/facility costs .	e organization ansv 90-EZ, line 6a. (a) Bingo	vered "Yes" on Form 99  (b) Pull tabs/instant	00, Part IV, line 19, or	(d) Total gaming (add
Hevenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes  Noncash prizes  Rent/facility costs .  Other direct expenses	e organization answ 90-EZ, line 6a. (a) Bingo	vered "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo  Wes	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Heverine	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes  Noncash prizes  Rent/facility costs .  Other direct expenses  Volunteer labor	e organization answ 90-EZ, line 6a.  (a) Bingo  Yes  No	// Yes // No // Column (d)	OO, Part IV, line 19, or (c) Other gaming  Yes% No	(d) Total gaming (add col (a) through col (c))
Direct Expenses Hevenue	1 2 3 4 5 6 7 8 Er a Is	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue .  Cash prizes  Noncash prizes  Rent/facility costs .  Other direct expenses  Volunteer labor  Direct expense summary Ac Net gaming income summar inter the state(s) in which the or the organization licensed to c "No," explain	Yes No  Subtract line 7 fror ganization answ	% Yes % No n column (d) gaming activities.	OO, Part IV, line 19, or  (c) Other gaming  Yes%  No	(d) Total gaming (add col (a) through col (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

cneau	tile G (Form 990 or 990-EZ) 2017		Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	☐ Yes	
13	Indicate the percentage of gaming activity conducted in:	∐ Yes	⊔ No
a	The organization's facility		%
b			<del></del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	-	<del></del>
	Name ▶		
	Address ►		
15a	revenue?	∏ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_	
	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) are Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.		nd
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

017 to Public
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OMB No 1545-0017

✓ Yes

Employer identification number 62-1279378 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. International Christian Embassy Jerusalem - USA, Inc
Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Dome	ssistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete	stic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ered "Yes" on Form
990, Part IV, line 21, f	for any recipient	that received mo	ore than \$5,000	Part II can be di	uplicated if addit	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Trinity Outreach International							
1298 Main St, Unit A-4120, Windsor, C	73-1132900		88,296	NONE			General support
(2)							
(6)							
(4)							
(5)							
(9)							
(2)						: ! !	1
						i	
(8)							
(6)							
(10)		-					E E
į							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	ernment organizat	ions listed in the lii	ne 1 table			_
	Posterior instead	- du du					4

Schedule I (Form 990) (2017)

Cat No 50055P

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III S ø N ო 4

(10)

SCHEDULE L (Form 990 or 990-EZ) Transactions WITH Interested Fersions

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.

OMB No 1545-0047

	ent of the Treasury Revenue Service	► Go t				or Form 990		et information				pen T speci		olic
Name of the organization			o to www.irs.gov/Form990 for instructions and the latest inform						Employer identification number				10.11	
Interna	tional Christian Em	hassy Jerusalem	- USA Inc							62-1	127937	7 <b>8</b>		
Part	Excess Ben	efit Transaction	s (section 501	(c)(3),	section :	501(c)(4), a	nd 50	1(c)(29) organiz	ations	only)			40h	
	- Complete II	<del></del>	<del></del>				110 20	74 01 200, 01 1 0			- art	V, III IC		rected?
1	(a) Name of disqualified person		(b) Relationship between disqualified person and organization				(c) Description of transaction					Yes	No	
(1)			<del></del>										163	110
(2)							<del> </del>	<del></del>					<b></b>	<del>                                     </del>
(3)													<u> </u>	<del>                                     </del>
(4)													<u> </u>	
(5)						<del></del>							<u></u>	<del>                                     </del>
(6)													<u> </u>	_
3	Enter the amount under section 495 Enter the amount	58			•				ring th	he ye !	ar ▶ \$ ▶ \$	;		
Part	Complete if organization	id/or From Inter the organization reported an ami	answered "Ye ount on Form !	s" on l 990, P	art X, lin	e 5, 6, or 2:	2	Γ	T		γ			
(a) Name of interested person		(b) Relationship with organization		(d) Loan to or from the organization?		(e) Origir principal an		(f) Balance due	(g) In default?		by board or committee?		(i) Written agreement?	
				То	From	L			Yes	No	Yes	No	Yes	No
(1)										["				
(2)									L					
(3)	<u> </u>			<u> </u>										
(4)				ļ					<u> </u>	<u> </u>	<u> </u>	<u> </u>		<b> </b>
(5)				<u> </u>		ļ		<b>.</b>	<b>}</b>		<b> </b>	<u> </u>		<u> </u>
(6)			ļ	<b> </b>	—				↓	ļ	ļ	<u> </u>	L	<u> </u>
(7)				<u> </u>	<u> </u>				<del> </del>		<u> </u>	<u> </u>		ļ
(8)		<u> </u>		<del> </del> -		<del> </del>			<del> </del>	<b> </b>	<del> </del>	<b>├</b> ──		<u> </u>
(9)			<del> </del>	<del> </del>	<del></del>	<del> </del>			<del> </del>	<b>}</b>	<del> </del>	<del> </del>		<del> </del>
(10)			<u> </u>	L	<u> </u>	<u> </u>	_	φ	38.00	<u> </u>	<del> </del>	L		٢.
Total	Ouente en A		CAL Lot	D.	<del></del> :	<u></u>	_	\$	1.3.	` 4'	1		L	· ·
Part		ssistance Bene the organization				0, Part IV, I	ine 2	7						
(a)	Name of interested pers		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assistance	ce	(e	) Purpo	ose of a	ssistan	ice
(1)														
(2)														
(3)														
(4)				_										
(5)														
(6)														
(7)														
(8)														
(9)														

	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
		interested person and the organization	transaction		organization's revenues?	
					Yes	No
	J. Hedding	Son of former director		Employment		<b>✓</b>
	n M. Michael	Secretary, Director	135,582	Employment		✓
(3)						-
(4) (5)					<del></del>	┢
(6)				<del></del>		┢
(7)						$\vdash$
(8)					<u> </u>	<u> </u>
(9)						$\Box$
10)						Γ
Part V	Supplemental Information Provide additional information	on for responses to questions	on Schedule L (see	nstructions)		
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		·	·····		·	••
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					-	
	<u></u>				·	

#### 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

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

International Christian Embassy Jerusalem - USA, Inc	62-12/93/8
Part III, Statement of Program Service Accomplishments	
Line 4d Other program expenses	
(Expenses \$437,837 including grants of \$404,840) (Revenue \$11,538)	
General Aid to Israel	
Provides for the transportation, supervision and general assistance needs in order to accomplish work	k in Israel
(Expenses \$177,248 including grants of \$177,248) (Revenue \$343,506)	
Aliyah General Assistance Program	
Along with aiding Jewish immigrants in their return to their historic homeland in Israel, the ICEJ's Aliya	ah (ımmigrant)
program provides clothing, household goods and medical care for new immigrants to Israel from arou	nd the world
(Expenses \$72,230 including grants of \$0) (Revenue \$43,625)	
US Outreach Programs	
To provide Christian leaders and young adults with teaching about the Jewish roots of their faith and t	the biblical significance of Israel, and
to provide a way for them to comfort and bless the Jewish people.	
(Expenses \$25,677 including grants of \$0) (Revenue \$19,987)	
Feast of Tabernacles Program	
Annually the single largest Christian tourist event in Jerusalem drawing in approximately 5,000 pilgrim	ns from 80 different
nations The purpose is to instruct American and other Christians about the biblical foundations of the	eir faith
and to celebrate the faithfulness of God. The management and staff is voluntary.	
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 give	en by Susan Michael
USA Director, before being submitted.	

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization	Employer identification number
International Christian Embassy Jerusalem - USA, Inc.	62-1279378
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	member
Section B, Line 15 Compensation	
	and the state of t
Compensation is compared to other non-profit organization salaries via the annual compensation review	v conducted by
The Washington Council of Agencies. The board is responsible for reviewing and approving the final co	mpensation 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 pub	dic as requested
<u> </u>	
via mail, email or phone. The most recent copy of the organization's Form 990 return and Audited Financial	cial Statements are posted on the
organization's website (www.icejusa org).	
Part XI, Line 9 Other changes in net assets or fund balances	
	***************************************
Rounding	<u>1</u> _
Total Other Changes in Net Assets	<u>1</u> .
······	