Preparer Use Only

							294	9320	101718
_	99	n	Return o	of Organization	Exempt F	rom In	come T	ax	OMB No 1545-0047
Form	90			•	•			l.	2018
				, 527, or 4947(a)(1) of the Ir					
Depar	tment of	the Treasury ue Service		ter social security number				IC.	Open to Public
				ww.irs.gov/Form990 for I					Inspection
			lar year, or tax year b			and endi	<u> </u>	D Employer	, 20 Identification number
_				ernational Christian Emba	assy Jerusalem	- USA, Inc	;		
_	Address of		Doing business as	D box if mail is not delivered to	street address)	Room/s	ute .	E Telephone	52-1279378 number
_	Name cha nitial retu	•	O BOX 332974	S SOX II (Main la fiot delivorad to	direct dadress,	1,100,11,70			158959830
_			<del></del>	vince, country, and ZIP or foreig	n postal code				1130333030
_	Amended		urfreesboro, TN 3713					G Gross rece	ipts \$ 5,114,9
-		_	Name and address of prin		el, US Director		H(a) is this a		ordinates? Ves Vo
	·pp.iou.ic		D BOX 332974, Murfre		o., <b>oo</b> 2co.o.				cluded? Yes No
Т	ax-exem	npt status	✓ 501(c)(3)	<u> </u>	) 4947(a)(1) or	□(52 <del>)</del>			t (see instructions)
	Vebsite:	•	cejusa.org	= == \-/\	1		H(c) Group	exemption nu	mber ▶
F	orm of o	rganization 🗸		Association Other ▶	LY	ear of forma	ition 1986	M State of	legal domicile DC
Pa	rt I	Summa	у		ĺ .				
Т	1	Briefly desc	cribe the organizatio	n's mission or most sign	ificant activities	s See a	tached state	ment.	
ן צ		-	-	_					
<u> </u>									
Activities & Governance	2	Check this	box ▶ 🗍 if the orgai	nization discontinued its	operations or	disposed	of more that	-25% of its	net assets
3	3	Number of	voting members of t	the governing body (Part	VI, line 1a)	H.	CCEIVI	_3, , ,	
<b>5</b>				members of the governi				4 9	
	5	Total numb	er of individuals em	ployed in calendar year 2	2018 (Part V, III	( <b>€</b> -2 a) j	UL 152	019 5	
[	6	Total numb	er of volunteers (est	ımate ıf necessary)				6 🛣	
₹	7a '	Total unrela	ated business reveni	ue from Part VIII, column	(C), line 12		CDEN	11 <sup>7</sup> a	
$\perp$	b i	Net unrelat	ed business taxable	income from Form 990-	<u>T,</u> line 38	<u>ں</u>	GDEN,		<u></u>
							Prior Y	ear	Current Year
:			ns and grants (Part '		2,939,117	3,973,68			
		-	rvice revenue (Part	1,178,467	1,131,7				
				olumn (A), lines 3, 4, and				299	18
				n (A), lines 5, 6d, 8c, 9c,				984	9,3:
				igh 11 (must equal Part V		line 12)		4,118,867	5,114,98
				d (Part IX, column (A), lir		٠ .		1,288,027	1,764,62
				s (Part IX, column (A), line		s.		0	·
				nployee benefits (Part IX,		s 5–10)		834,649	865,96
				art IX, column (A), line 1				20,349	166,00
				t IX, column (D), line 25)		553,824			
- [				n (A), lines 11a-11d, 11f-	•	٠ .		2,014,694	1,867,42
				7 (must equal Part IX, co	olumn (A), line 2	(5) .		4,157,719	4,664,01
-	19	Revenue le	ss expenses. Subtra	ct line 18 from line 12	·	•	Danimuna a4 C	(38,852)	450,96
ğ	oo -	Tatal assat	(Dark V. I.m., 46)				Beginning of Ci		End of Year
88			s (Part X, line 16)		•	-		1,031,698	1,889,62
<b>C</b> ;			ies (Part X, line 26)	ubtract line 21 from line (		•		376,527	786,43
_	22   1	Signatu		ubtract line 21 from line 2	20			655,171	1,103,19
				<u> </u>					
				med this return, including according than officer) is based on a					knowledge and belief, it
	1			<i>X</i>		p. opui	1	E 1/2	tic
ign	,	Signatur	re of officer				l_ Da	حارب	<del>/                                    </del>
ere				ekson, Tre	asurer		Ua		
J. C	~	Type or	print name and title	<u> </u>	<u>usurer</u>				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F	·					
aio		Print/Type	preparer's name	Preparer's signature	1	D	ate	Check	PTIN

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Cat No 11282Y

Firm's EIN ▶

Phone no

Yes No
Form 990 (2018)

Form 99	00 (2018) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
ξ1	Briefly describe the organization's mission:
	See attached statement.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,250,859 including grants of \$ 1,250,859) (Revenue \$ 1,313,480)
	ICEJ-AID General Assistance Program
	Social assistance program touching the lives of all people in Israel by contributing to projects in every sector
	of society across the nation. We fulfill our calling to comfort God's people by meeting the needs of children,
	elderly, disabled, lone soldiers, new immigrants and needy families.
4b	(Code) (Expenses \$ 865,440 including grants of \$ 0 ) (Revenue \$ 927,342 )
	Israel Encounter Program
	Provides an economical way for pastors, churches, and young adults to visit Israel and gain a a deeper understanding of Israel's
	history and modern day restoration, connecting them to the ongoing work and purpose of the ICEJ through our programs and
	outreaches in Israel. Many of the tours include visits to ICEJ projects such as our Haifa Home for Holocaust Survivors and other
	tours include hand-on service projects for then needy in every demographic of Israeli society.
4c	(Code ) (Expenses \$ 616,776 including grants of \$ 15,000 ) (Revenue \$ 131,668 )
40	Educational Program
	Teaches Christians about the Jewish roots of their faith and the biblical significance of Israel Achieves this
	through speaking tours, seminars, conferences and the production and distribution of teaching materials
	Keeps all persons interested in the work of the International Christian Embassy informed and up-to-date
	about current programs and activities
	door on pregiano and donners
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 632,626 including grants of \$ 498,770 ) (Revenue \$ 791,319 )
4e	Total program service expenses ► 3,365,701

E 10.13.7	A1 11			^ - III
Part IV	Checklis	ET OT HOC	uurea:	Schedules
T GIL IV	OHECKII.	ot or met	lanca .	Joi le dale 3

			res	NO
٠1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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, VII, VIII, IX, or X as applicable	· · · · · ·		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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		<b>√</b>
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		<b>\</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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	<b>√</b>	
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	<b>√</b>	
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		<b>✓</b>
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		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	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	1	
			000	

Part	V Checklist of Required Schedules (continued)			
_			Yes	No
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		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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		
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		✓
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓	
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		<b>✓</b>
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	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u> </u>
<b>4</b>	Fatou the number reported in Boy 2 of Form 1000 Fatou 0 of an ambients	$\square$	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   10    Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   1b   0	1 1		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	
-	Topor table garring (garrioning) minimige to prize minimies		990	(2018)
				, /

Fart	Statements Regarding Other IRS Filings and Tax Compliance (Continued)		<del></del>						
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<b>3</b>	1682)	Yes *****	No				
<b>∙2a</b>	Statements, filed for the calendar year ending with or within the year covered by this return	19							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	aden J	LEON KA				
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	234		5.76%.s	3364				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	TIATEONS.	23/6C82/21				
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						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial accou		4a		✓				
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 (								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5a		<b>/</b>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction (18) and the organization file Form 1996 To		5b 5c		<u> </u>				
C	Does the support of bour amount and a second that are assessful areadon then \$100,000, and did the								
6a	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		1				
· b	16 CV - P. J. J. H								
	gifts were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	3.5	520						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods 📓							
	and services provided to the payor?	<b>├</b>	7a	✓					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>⊢</b>	7b	✓					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which		_		.,				
	required to file Form 8282?  If "Yes" indicate the number of Forms 8282 filed during the year.		7c ∣	ANTE NO	<b>₩</b>				
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e	(M)					
e f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7f 7g		<del>' </del>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	24							
	sponsoring organization have excess business holdings at any time during the year?	` <u> </u>	8						
9	Sponsoring organizations maintaining donor advised funds.	· (8)	24	20.5					
а	Did the sponsoring organization make any taxable distributions under section 4966? .		9a	,	<u> </u>				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	adelser.	18/5-4/13				
10	Section 501(c)(7) organizations. Enter , Initiation fees and capital contributions included on Part VIII, line 12	3			100 m				
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								
11	Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders   11a	. 8							
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them )								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	141?	12a	80. You 1982.	23200				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				30,53				
а	Is the organization licensed to issue qualified health plans in more than one state?		l3a S‰≳	/121.000a	0-TX-0-00				
٠ ـ	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .   13b								
С	Enter the amount of reserves on hand . 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-   80	I4a	- mersi	<b>√</b>				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	<u> </u>	l4b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerar	_							
•	excess parachute payment(s) during the year?		15		✓				
	If "Yes," see instructions and file Form 4720, Schedule N	***	žių.		22				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	:ome?	16	1900 1905	<b>√</b> \$760\d ne3				
	If "Yes," complete Form 4720, Schedule O	<u>}</u>	- (28)	000	<b>受後期</b>				
			Form	33U	(2018)				

Part											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			ions. וכו							
Sect	ion A. Governing Body and Management	<u> </u>	<u> </u>								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 1a	в		244							
	If there are material differences in voting rights among members of the governing body, or	X									
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	200	<u>*</u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓ ,							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ـــــ	✓							
5											
6	Did the organization have members or stockholders?	6	<u> </u>	<b>✓</b>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1							
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<b> </b> _,									
	stockholders, or persons other than the governing body?	7b	\$ 16.00	<b>√</b> '>23%							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a									
b	Each committee with authority to act on behalf of the governing body?	8b	1								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	2 3 4927 A							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	1								
13	Did the organization have a written whistleblower policy?	12c	1								
14	Did the organization have a written document retention and destruction policy?	14	7								
15	Did the process for determining compensation of the following persons include a review and approval by		₹2.35	2500							
,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		4								
а	The organization's CEO, Executive Director, or top management official .	15a	1								
b	Other officers or key employees of the organization	15b	✓								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		推進								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	ŽŽŽŽ	<b>₹</b>							
. р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Ť	38 - 40 )								
C4:	organization's exempt status with respect to such arrangements?	16b									
	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 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(Sec	tion 5	01(c)							
•	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest p	oolicy	, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>•</b>								
	Daryl Hedding, USA Deputy Director, 1937 Barfield Rd, Murfreechoro, TN 37138, Tel. (615) 905-9830										

Page	7

Form 990 (2018)

								-
Part-VII	Compensation of Officers,	Directors, T	rustees, k	(ey Employees,	<b>Highest Com</b>	pensated	Employees,	, and
	Independent Contractors							

Check if Schedule O contains a	response or note to any line in this Part VI	l <u></u>	 	<u>.</u> .		]

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	atic	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee
				(0	C)					
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe	rson	is both	an	Reportable compensation	Reportable compensation from related	Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	(C) sition (more than one erson is both an director/frustee)  Key employee	the	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) Dr. George Giacumakıs	2								•	
Pres., Director	<del>                                     </del>	<b>✓</b>		✓		ļ	_	<u> </u>		
(2) Dr. Juergen Buehler Director	4	1								22,680
(3) G. Allen Jackson	2	ŀ		ĺ						
Treasurer		<b>✓</b>		✓						
(4) Rev. Jerry Dirmann	2								!	
Director	<u> </u>	<b>✓</b>								
(5) Terry Allen Director	2	1						}		
(6) Michael Little	2									
Director	Ţ	✓		ŀ						
(7) Susan M. Michael Sec, USA Director	40	1		/				142 814		
(8) Dr. Dean Haun Director	2	1						142,014		
(9) Daryl J Hedding Deputy Director					1			108,156		
(10)										
(11)										
(12)										<del>-</del>
(13)	<u> </u>									
(14)	ļ	_					-			

Pari	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (	contini	ued)		
		T			•	C) sition								
`	(A)	(B)			heck	more	e than o		(D) Reportable	(E) Reportable		(F) Estimated		
	Name and title	Average hours per	office				ıs both or/trust		compensation	compensation		amo	ount of	
		week (list any hours for	임교	ज्ञ	\	6	a E	2	from the	related organization	ons	Estimated amount of other compensation from the organization and related organizations	en.	
		related	direc	titut	Officer	y em	plest	Former	organization (W-2/1099-MISC)	(W-2/1099-N		froi	m the	
		organizations below dotted		Institutional trustee		Key employee	8 6		(00-2/1099-1015C)			and	related	
		line)	uste	trus		8	pen	1				organ	ization	s
			TO I	tee			Highest compensated employee							
(15)		<del>                                     </del>		Н	$\vdash$	$\vdash$	<del>  -</del>	$\vdash$						
3		***************************************	1											
(16)														
					ļ	igspace		_						
(17)		ļ												
(4.0)		<del> </del>	├─	$\vdash$	╁	├─	<b>-</b>	╁						
(10)		<del> </del>	1											
(19)					T	$\vdash$		t						
17.77		İ	1 .											
(20)														
		<u> </u>	<u> </u>		<del> </del>			_						
(21)		<b>\</b>	-											
(22)		<del> </del>	├	$\vdash$	$\vdash$	├		⊢						
(22)		<del> </del>	1											
(23)			<u> </u>	$\Box$	$\vdash$	Г								
3			<u> </u>			L								
(24)		<u></u>												
		ļ	<b> </b>	$\sqcup$	⊢	ـــ		├						
(25)		ļ	1											
1b	Sub-total		<u></u>		<u>.                                    </u>	1		▶	250,970		0			22,680
c	Total from continuation sheets to Part	· VII, Sectio	n A					<b>•</b>	250,570		0			0
d	Total (add lines 1b and 1c)							▶	250,970	_	0		2	22,680
2	Total number of individuals (including but	t not limited	to th	ose	e list	ted	above	e) w	ho received m	ore than \$1	00,000	O of		
	reportable compensation from the organi	ızatıon ►							2			1		r
_												. —	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete the state of the							emp	oloyee, or high	est compe	nsate	d		<b>√</b>
	For any individual listed on line 1a, is the								nd other comr	Vancation fr	om th	<u> </u>		· .
4	organization and related organizations	areater th	portai an \$1	bie ( 150.	.000	19e1 17 (	nsanc f "Ye	ווע יs."	complete Sch	edule J fo	r suci	h		
	individual			,				•				4		✓
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	y un	related organiz	ation or inc	lividua			
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ule J 1	for s	such person			5		✓
	on B. Independent Contractors			_		_					<u> </u>			
1	Complete this table for your five highest compensation from the organization Rep	compensat	ed inc	depe	end	ent	contr	act	ors that receive	ed more tha	in \$10 the or	0,000 of	n'e t	20
	year	on compe	risauc	או ווכ	or u	ie c	alenc	iai y	year ending wit	II OI WILIIII	uie or	gariizatio	) I S L	2.4
	(A)								(B)			(C)		
	Name and business add	fress							Description of s	ervices		Compens	ation	
None.														
							_							
								ļ						
				—				-						
	Total number of independent contractor	ore (includii	na bi	ıt n		lımıf	ed to		nose listed ab	ove) who	7 3			
2	received more than \$100,000 of compens							<i>J</i> (1	None.	, wiio	1. 's			•

Par	t:VIII	Statement of Reve	enue						
		Check if Schedule C	contains a	resp	onse or note to				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	s L	1a	0		Harris Salar		500000000000000000000000000000000000000
Grants	b	Membership dues .	.	1b	0		ne de la companya de		
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1	1c	0				
Gifts, Ilar An	d	Related organizations		1d	0				
Si.	e	Government grants (con		1e	<u></u>				
of i	f	All other contributions, g and similar amounts not inc		46		7:11:11:11:11:11:11:11:11:11:11:11:11:11			
ē \$	_	Noncash contributions includ	L	1f	3,973,689				
Contributions, and Other Sim	9 h	Total. Add lines 1a-1		"Ψ -	5766 ▶	3,973,689			
	<del>- ''</del> -	Total. Add lines 1a-1	<u>-                                    </u>	T	Business Code	3,973,009			AREA HADITORIA
enu	2a	Educational Tour Incor	me	ŀ	561599	1,131,775	0	0	1,131,775
æ	b				, , , , , , , , , , , , , , , , , , , ,	.,,,,,,,,	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ဥ	С								
ěZ	d								
Ē	е								
Program Service Revenue	f	All other program ser	vice revenue	•					
_ق_	g	Total. Add lines 2a-2			<u>.</u>	1,131,775			W. S.
	3	Investment income and other similar amo	ounts) .		. •	181	0	C	181
	4	Income from investmen	it of tax-exem	ipt bo	nd proceeds ►				
	5	Royalties	(ı) Real		(ii) Personal	75461705547054474	25.700 million 65.44.6655	ANTESISTI PROPERTY	Confessioner eservateria
	6-	Gross rents	(1) 11001		(1) 1 01301141				
	6a b	Less rental expenses							
	C	Rental income or (loss)							
	ď	Net rental income or (	(loss)		. •	NAME OF COMMENCE OF	ON THE PROPERTY OF THE PROPERT	53344-2-FRANCKE - PLANKE - A	DESCRIPTION OF STREET PARTY OF THE PROPERTY OF
	7a	Gross amount from sales of	(i) Securitie	s	(II) Other	5504-70-70-70	7.70	\$1655 ST 1575 ST	
	'	assets other than inventory		t					
	. ь	Less cost or other basis			•				
		and sales expenses							
	С	Gain or (loss) .					357.386.00	14252425	
	ď	Net gain or (loss)		_	. ▶		100 10 00 10 10 10 10	1941	
evenue	8a	Gross income from fu	undraising		,				
eve		events (not including \$							
Œ		of contributions reporte See Part IV, line 18	ed on line 10,	′ I					
Other	ь	Less. direct expenses	•	a b					
0	C	Net income or (loss) fa		L	events >	Erit Series of Miller Series Series Series			hat Direct contact dente British 14
		Gross income from ga			,,,,,,,	D-823460246			CONTRACTOR
		See Part IV, line 19	J	а					
	b	Less: direct expenses	s	ь				3 X X X X X X	
	С	Net income or (loss) f	rom gaming	activ	vities ►				
•	10a	Gross sales of in		ess [					
		returns and allowance	es	a	25,531				
	b	Less cost of goods s		b	16,194		7,44,70		N. W. S.
	С	Net income or (loss) f		finve		9,337	0	0	9,337
	<u> </u>	Miscellaneous R	Revenue		Business Code		CENTRAL CONTRACTOR	\$4.87.69.E47.63	MANAGE AT THE
	11a			}		-			
	b	,	,						
	C	All Allan university		}				<del></del>	
	d	All other revenue  Total. Add lines 11a-	.11d	L				SECTORES COMMONSOR	ACCES TO BUSINESS (CLASS
	е 12	Total revenue. See in			•	5,114,982	(0	0	1,141,293
			.54.5545115			J, 114,302	1 (0	U	T

#### 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 (C) Management and (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 104,375 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 1,660,253 1,660,253 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 98,728 231,736 128,540 4,468 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 612,145 232,206 370,282 9,657 '8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,472 178 19,294 0 9 Other employee benefits 3,024 75 2,931 18 10 Payroll taxes 65,490 606 64,884 0 Fees for services (non-employees) Management 0 Legal b 910 910 C Accounting 15,138 3,725 11,413 0 Lobbying d 166,000 Professional fundraising services See Part IV, line 17 166,000 Investment management fees . . 47 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,059 18,348 1.126 16,163 12 Advertising and promotion 116,611 305,194 422,535 730 13 Office expenses 110,442 3,717 100,928 5,797 14 Information technology 4,783 6,263 13.210 2,164 15 Royalties 496 496 0 16 Occupancy . 21,044 591 20,453 0 17. Travel . 13,884 2,584 11,039 261 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 1,135,172 1,137,276 1,944 160 20 n 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 1,060 1,060 23 Insurance 3,329 3,329 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 40,413 39,938 State Registrations 3,104 3,094 **Business Registrations** 287 287 All other expenses Total functional expenses. Add lines 1 through 24e 25 4,664,018 3,365,701 744,493 553,824 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 (2018) 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 904,446 1,760,640 2 Savings and temporary cash investments 2 3 ·Pledges and grants receivable, net Accounts receivable, net 8,329 8,189 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 7 Notes and loans receivable, net . 8 Inventories for sale or use Prepaid expenses and deferred charges 108,248 108,413 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,445 10c b Less accumulated depreciation (2,915)11 Investments—publicly traded securities 11 6,540 9,518 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 690 479 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,031,698 16 1,889,624 17 Accounts payable and accrued expenses 121,170 17 106,416 18 Grants payable 18 19 Deferred revenue 19 680,014 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 376,527 786,430 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 227,478 185,817 28 Temporarily restricted net assets 427,693 28 917,377 Net Assets or Fund 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

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form **990** (2018)

1,103,194

1.889.624

31

32

33

655,171

orm 99	90 (2018)			Pa	ige 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>	
. 1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,11	4,982
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,66	4,018
3	Revenue less expenses Subtract line 2 from line 1	3		45	0,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65	55,171
5	Net unrealized gains (losses) on investments	5_		(	2,941)
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,10	3,194
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990				200
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	ın 🞇 🧗		
	Schedule O		1,000 ( v	20 . T. W.	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	if "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year we	oiled o	or 🏻 🎉	<b>美黎</b>	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			Security.	
b	Were the organization's financial statements audited by an independent accountant?		2b_	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a   🔆		
	separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			23.5	233
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n 🕍	<b>37.</b>	***
	Schedule O.			Park.	353
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	ليبيا	
			For	m <b>990</b>	(2018)

•



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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2018

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Christian Embassy Jerusalem - USA, Inc.

Employer identification number

62-1279378 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. þ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

**Total** 

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2,618,792 3.263.614 3,189,692 15,984,904 revenues levied for Tax organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 3 2,618,792 3,263,614 3,189,692 2,939,117 3,973,689 15,984,904 The portion of total contributions by person each (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 380,067 Public support. Subtract line 5 from line 4 15,604,837 Section B. Total Support (e) 2018 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (f) Total Amounts from line 4 . 2,618,792 3,263,614 3,189,692 2,939,117 3,973,689 15,984,904 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from . sımılar sources 192 471 306 299 181 1,449 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . 10,321 11 · Total support. Add lines 7 through 10 15,996,674 Gross receipts from related activities, etc. (see instructions) 2,700,699 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 97.55 %

organization, check this box and stop here		·		•	_ ▶ [
Section C. Computation of Public Support Perc	entage		<del>-</del>		

331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this

Public support percentage from 2017 Schedule A, Part II, line 14

15

supported organization

	box and stop here. The organization qualifies as a publicly supported organization	
b	331/3% support test – 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	· 🗆
7a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	}
	organization	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here	

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

99.98 %

15

Part	(Complete only if you checked the				nization failed	to qualify ur	der Part II
	If the organization fails to qualify						idei Part II.
Sect	on A. Public Support	diiddi tiid to	oto notoa bon	ow, piedeo ec	sinploto i are i	••/	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		10/	(0, 2010	(-,		(1)
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .				,		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)		The state of the s	1, 5 m 3, 20 e 35, 20 e 36, 20			
	on B. Total Support			T	1		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						
11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10¢, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth	n, or fifth tax ye	ear as a section	n 501(c)(3) . ► □
	on C. Computation of Public Suppor			10 1 (0)		Tam I	
15 16	Public support percentage for 2018 (line 8 Public support percentage from 2017 Sch	nedule A, Part	III, line 15	13, column (f)) 	· · ·	15	% %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I				ımn (f)) .	17	<u>%</u>
18 19a	Investment income percentage from 2017 331/3% support tests—2018. If the organi 17 is not more than \$331/3%, check this box is	zation did not	check the box	c on line 14, a			
b	331/3% support tests – 2017. If the organiz line 18 is not more than 331/3%, check this b	ation did not cl	heck a box on	line 14 or line	19a, and line 16	is more than 3	331/3%, and
20	Private foundation. If the organization did						

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	<b>Organizations</b>
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part	IV Supporting Organizations (continued)			
	,	24.764	Yes	No
, 11 <sub>-</sub>	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	VCKE	2
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	on B. Type I Supporting Organizations			
			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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	MANAGE.	in the same of
2	Did the organization operate for the benefit of any supported organization other than the supported		100	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saati		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	Sac	300	233
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
4	Did the average has a sound to such as the successful average to the first day of the 66th are at 15th a	<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			5
	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?	1		ups conseque
ຸ 2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	**	<b>E</b>	潜溪
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1289A	Section 1
. 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	9.0		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3	11.50	17.55
Secti	on E. Type III Functionally Integrated Supporting Organizations	ت		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	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 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity Activities Test <b>Answer (a) and (b) below.</b>	see ins		1
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	18.00	Yes	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		X.M	200
	that these activities constituted substantially all of its activities.	2a	٠ م برد	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	YZZ.
3	Parent of Supported Organizations. Answer (a) and (b) below.	2D	, jj:76.9.J	42 4.75
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 <b>Part VI</b> .	3a	t didiridio	-See All Elect
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50 A) 1		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		-

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying			un Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		Market Carlos Market A.	The state of the s
factors (explain in detail in Part VI):	200	种类类类型。不是	的人。
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,	Γ		
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	HE COME SOLD THE WAY	
2 Enter 85% of line 1	2	<b>分析的影響所以外外的影響</b>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>的智慧的原则是这些种的</b>	
4 Enter greater of line 2 or line 3	4	<b>1000 1000 1000 1000 1000 1000</b>	
5 income tax imposed in prior year	5	<b>公次逐渐增加水量</b>	
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	ly in	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)						
Sect	ion DDistributions		\	Current Year					
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions								
	Total annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive						
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	-							
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6	ASTROPORTION	<b>非常的复数形式的对称</b>						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.								
3	Excess distributions carryover, if any, to 2018	SAFE MEDITINES		HTMPS: PHOTOS					
а	From 2013		STATE OF THE PROPERTY.						
b	From 2014 .	EAST PROPERTY.							
С	From 2015 .	THE STATE OF STATE OF	TOWER TO MAKE THE	STANDS CHARLES					
d	From 2016	A DESCRIPTION OF ANY		TAILSHE VOISH WE'S					
ее	From 2017 .		<b>科的种类。201</b> 0年	等的 (表现的)					
f	Total of lines 3a through e			<b>的复数企业工作等从</b>					
<u>g</u>	Applied to underdistributions of prior years		Constitution of the second second						
<u>h</u>	Applied to 2018 distributable amount		25.44.44.44	THE PART OF SOME SOURCE AND THE SOURCE SOURCE					
<u>_i</u>	Carryover from 2013 not applied (see instructions)								
	Remainder Subtract lines 3g, 3h, and 3i from 3f.	AVES, C. DO Y COST LANGE LESSEN LINES AND LESSES							
4	Distributions for 2018 from								
	Section D, line 7.			CONTRACTOR OF THE STATE OF THE					
_ <u>a</u>	Applied to underdistributions of prior years	Type Topical Control of the Control	TT CONTROL TO VENDET LANGUAGE CONTROL CONTROL	Series States and The Philips					
_ <u>b</u>	Applied to 2018 distributable amount  Remainder. Subtract lines 4a and 4b from 4			Secretary Country Department of the					
_ <u>_c</u>	<del> </del>	ar i area e area e area da da da da da da da da da da da da da	Residence and comments, and comments	TATE OF THE PROPERTY OF THE PARTY	5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.								
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.								
8	Breakdown of line 7		A COLUMN TO THE STATE OF THE ST	7.1.2.2.1072; SASE					
а	Excess from 2014		TEACHER ASSETS	eaki aaaaaaa					
b	Excess from 2015 .		TAL SECTION OF	White States					
С	Excess from 2016	WAR BENDER	3975, 3200721.75	POWERSHIP					
d	Excess from 2017 .	<b>5位为这种建筑区</b>	MARKA SANGARAN	NAME OF STREET					
е	Excess from 2018	EN TARREST AND THE		<b>《</b> 》数据的图像全位设置					

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

Open to Public Inspection

Employer identification number Name of the organization International Christian Embassy Jerusalem - USA, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Paîrl	III Organizations Maintaining	Collections of	Art, His	orical 1	reasures,	or Ot	her Similar As	sets (c	ontin	ued)
<del>3</del>	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of th	e follow	ring that are a s	ignifica	nt use	of its
а	☐ Public exhibition		d	Loan	or exchang	je progi	ams			
b	☐ Scholarly research		е	Othe	r					
C	☐ Preservation for future generations									
4	Provide a description of the organizat	tion's collections a	and expla	un how t	hey further	the org	anızatıon's exen	npt pur	pose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes [	□No
Part	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.								on Fo	rm 
1a	Is the organization an agent, trustee included on Form 990, Part X? .	, custodian or oth		nediary fo	or contribut	ions or	other assets no	_	Yes [	□No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able	<u></u>				
						_	<del> </del>	mount		
C	Beginning balance		•			1c				
d	Additions during the year				•	1d				
e	Distributions during the year .	•	•			1e				
f	Ending balance Did the organization include an amount	nt on Form 000 P	 art Y line	21 for 6	Secrow or ci			2 🗇	Vac 1	¬ No
2a h	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	colanatio	n has been	provide	ed on Part XIII.		. [	<u> </u>
Par		art xiii Oncon non	5 17 ti 10 G	·p·a·racio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>P</b> . 5			·	
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line	e 10.				
	,	(a) Current year		or year	(c) Two year		(d) Three years back	k (e) Fo	ur year	s back
1a	Beginning of year balance .									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships .									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2										
а	Board designated or quasi-endowment	nt ▶	_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
•	The percentages on lines 2a, 2b, and				at ara bald	and ad	minustored for th			
3a	Are there endowment funds not in the organization by	e possession of tr	ie organi	zation in	at are neid	and ad	ministered for tr	ie	Voc	No
	(i) unrelated organizations							3a(	_	140
	(ii) related organizations	•		•		•	• •	3a(i	_	+
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	I as regui	red on S	chedule R?			3b		+
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, lin	e 11a.	See Form 990,	Part X	(, line	10.
	Description of property	(a) Cost or of (investm			or other basis other)		Accumulated epreciation	(d) B	ook val	ne
1a	Land					MPEL	CANADA CANA			
b	Buildings									
С	Leasehold improvements									
d	Equipment				5300		2915			2385
е	Other									
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part .	X, columi	n (B), line 10	Oc).	<u> </u>			2385

Pårt VII	Investments—Other Securities				
	Complete if the organization ansi			T	<del></del>
	(a) Description of security or category (including name of security)	′	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)				<u> </u>	
(B)					
(C)					
(D) (E)	······································	`			
(F)				<del>                                     </del>	<del> </del>
(G)				<del> </del>	
(H)	•				
	b) must equal Form 990, Part X, col (B) line 12 ) ▶				
Part VIII	Investments—Program Related	1	<del></del>	history with a draw the big	A BANK AND A SAND A STANDARD AND A SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSESSMENT OF THE SAND ASSES
T GIT VIII	Complete if the organization answ		m 990 Part IV lu	ne 11c. See Form	1990 Part X line 13
	(a) Description of investment		(b) Book value		thod of valuation
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>			l-of-year market value
_(1)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		
(2)				,	
(3)				<u> </u>	
. (4)				<del> </del>	
(5)	. ,	<del></del>		<del> </del>	
(6)		-			
(7) (8)				<del> </del>	
(9)				<del>                                     </del>	<del></del>
	b) must equal Form 990, Part X, col (B) line 13)				NEO PARTE PARTE
Part IX	Other Assets.		·	It was not a small beautiful.	and the states on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, III	ne 11d. See Forn	n 990, Part X, line 15.
		) Description	•		(b) Book value
(1)					,
(2)		· <del>-</del> · ·			
(3)	•			-	
(4)		<del> </del>			
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)					
<u>(7)</u> ,					
(8)	<del></del>				
(9)	mn (b) must equal Form 990, Part X, co	ol (P) line 15 )			ч
Part X	Other Liabilities.	) (b) iirie 15.) .			<u></u>
FartA	Complete if the organization answ	wered "Ves" on For	m 000 Part IV II	no 11e or 11f So	e Form 990 Part Y
•	line 25.	wered tes offton	ii 990, Fait IV, ii	ne me or m. se	eroini 550, Fait X,
1.	(a) Description of liability	(b) Book value			<b>注明是到44年的证</b> 证
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	-				
(8)		<del>. ,</del>			
	must equal Form 990. Part X. col. (B) line 25.)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	teturn.	
	Total revenue, gains, and other support per audited financial statements	1 5	112,040
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	112,040
2	I I	· •	
a	Net unrealized gains (losses) on investments	₩ - <sup>2</sup>	
b	Dollated Solviess and asset in lacinities		
C	- Janes John John State Land	·	
d			(2.042)
e	Add lines 2a through 2d		(2,942)
3	Subtract line 2e from line 1	·	114,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a 0  4b 0	´	
b		4c	•
	Add lines <b>4a</b> and <b>4b</b>		114 002
5 Dose		- 0	114,982
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ricturii.	
1	Total expenses and losses per audited financial statements	1 4	,664,017
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	7	,004,017
a	Donated services and use of facilities 2a 0		
	Prior year adjustments		
b	Other losses	1	
d	Other (Describe in Part XIII )	· ,	
	Add lines 2a through 2d	Že	0
3	Subtract line 2e from line 1		,664,017
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u>"</u> *	,004,017
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII )	r.	
	Add lines 4a and 4b	4c	1
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		,664,018
	XIII Supplemental Information.	-	,004,010
2; Part Recon	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional infalliation of Income per Audited Financial Statements with Income per Return	ormation.	. A, III le
Round	lng		(1)
	ciliation of Expenses per Audited Financial Statements with Expenses per Return		
_			
Round	ing		
		••	

ichedule D (Fo	rm 990) 2018	Page <b>5</b>
art 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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Par	General Information Form 990, Part IV, line	on Activit		the United States. Com		nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	e organizatio ees' eligibility				☐ Yes ☐ No
2	For grantmakers. Describe outside the United States	ın Part V the	e organization	's procedures for monitorir	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal 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)						,
(4)			-	-		
(5)	<del>,_</del>					
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За	Subtotal .			THE RESERVE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	ASSESSED AND A SECOND	
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)			ALL SHE SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD S		

Schedule F (Form 990) 2018

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

(a) name or 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)
		MIDDLE EAST	GENERAL SUPPORT	1,441,974 WIRE	VIRE	NONE		
		EUROPE	GENERAL SUPPORT	74,230 WIRE	VIRE	NONE		
(0)		E ASIA & PACIFIC	GENERAL SUPPORT	5,000WIRE	VIRE	NONE		
<b>1537</b>								
(5)							-	
(8)		1		`			•	
(01)						•	•	
(F)					•		,	
(12)					•			
(13),		•		-				
(14)			,				,	
(15)							•	
(16)							1	
	nber of recipie for which the g	Enter total number of recipient organizations listed abiby the IRS, or for which the grantee or counsel has pri	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 ▶	ove that are recognized as charties by the footing of the footing a section 501(c)(3) equivalency letter	s by the foreign coun	try, recognized as ta	x-exempt ▼	
3 Enter total nun	ober of other c	Enter total number of other organizations or entities	ties				<b>^</b>	

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Page 3

Schedule F (Form 990) 2018

Part III

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

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance NONE NONE (f) Amount of noncash assistance (e) Manner of cash disbursement 115,050 WIRE /CHECK 24,000 WIRE (d) Amount of cash grant (c) Number of recipients 9 Middle East and North Af Russia and Neighboring (b) Region (a) Type of grant or assistance (2) Food, shelter & clothing (1) Food, shelter & clothing (17) <u>6</u> (11) (12) (13) (14) (15) (18) ල **€** 6 (16) 3 9 **©** 6

Page	4

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

100000	1 990
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.
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## **SCHEDULE G** (Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

International Christian Embassy Jerusalem - USA, Inc.

Employer identification number

62-1279378

Par	Fundraising Activities Form 990-EZ filers are				wered "Yes" on F	Form 990, Part IV, I	ine 17
1 a	Indicate whether the organizat  Mail solicitations  Internet and email solicitat		e	Solicitat	ion of non-governi	ment grants	
b c	Phone solicitations	ons	f L		ion of government fundraising events	_	
d			9 _	Jopediai	idildiaising events	•	
2a b	Did the organization have a wi or key employees listed in For	m 990, Part VII) o id individuals or i	or entity in co entities (fund	onnection	with professional f	undraising services?	✓ Yes □ No
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			· · · · · · · · · · · · · · · · · · ·
	nfinity Concepts, 5331 Triangle ane, Export, PA 15632	Fundraising		1	24,544	166,000	(141,456)
4							
5							
6							
7							
8							
9							
10							
Total				<b>.</b>	24,544	166,000	(141,456)
3 AK,AZ	List all states in which the org registration or licensing CCA,CO,CT,DC,FL,HI,IL,KY,MA,MI,	_					•
					•••••		
		*					

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contribution	ation answered "Yes" or s and gross income on	r Form 990, Part IV, I Form 990-EZ, lines 1	ine 18, or reported more and 6b. List events with
_			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Jue						-
Revenue	1	Gross receipts				
Œ	2	Less: Contributions .				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes .				
ses	6	Rent/facility costs				
xper		Cond and haveness				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment		*	-	
	9	Other direct expenses .				
	10	Direct expense summary Ad	ld lines 4 through 9 in	column (d)	•	
	11	Net income summary. Subtra	act line 10 from line 3,	column (d)		
Pa	irt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answ Z. line 6a.	vered "Yes" on Form (	990, Part IV, line 19	, or reported more than
lue		<u> </u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue						
<u></u>	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes .				
Oirect	4	Rent/facility costs .				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	%	☐ Yes% ☐ No	
	7	Direct expense summary Ad	ld lines 2 through 5 in	column (d) .	. •	
	8	Net gaming income summary	y. Subtract line 7 from	line 1, column (d)		
_						
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activition	es in each of these states	s?	. 🔲 Yes 🔲 No
10		ere any of the organization's g "Yes," explain	amıng licenses revoke	ed, suspended, or termina	ated during the tax yea	

Schedu	ule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	□No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	□ No
13	Indicate the percentage of gaming activity conducted in	
а		%
b	The organization's facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name ►	
	Address►	
	Does the organization have a contract with a third party from whom the organization receives gaming	□ No
	revenue?	
D	amount of gaming revenue retained by the third party  \$ and the	
_		
С	Thes, enter traine and address of the time party.	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ 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) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	
•		

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2018

tch to Form 990. 37m990 for the latest information.

Open to Public Inspection

(000 11110 1	GOVERNIENTS, AND IND
	Complete if the organization answe
Department of the Treasury Internal Revenue Service	► Atta ► Go to www.irs.gov/Fo
Name of the organization	

2	יאמורט ט וויס טקטוו ובמוטנו	Employer identification number	Į.
Intern	International Christian Embassy Jerusalem - USA, Inc	62-1279378	
Par	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	ssistance, and	
	the selection criteria used to award the grants or assistance?		<b>ջ</b> □
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

Part	Grants and Other Assis	ssistance to Do	mestic Organiza	ations and Dom	estic Governme	ents. Complete If	the organization answe	stic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 21, for any recipient that re	v recipient that	8	an \$5,000. Part I	I can be duplica	ived more than \$5,000. Part II can be duplicated if additional space is needed.	pace is needed.	
1 (a) Name	e and address of organization	(p) EIN	(c) IRC section	HC section (d) Amount of cash (e) Amount of non-	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	y recipient that	received more th	ian \$5,000. Part I	I can be duplica	ted if additional sp	pace is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Trinity Outreach International 1298 Main St, Unit A-4120, Windsor, C	73-1132900		104,375	NONE			General support
(2)							
(3)							
(4)						•	
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and gor organizations listed	vernment organiza	tions listed in the li	ine 1 table			. • 0

Schedule I (Form 990) (2018)

Cat No 50055P

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

Page 2

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (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 Part III can be duplicated if additional space is needed (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III N က 2 9 4

#### **SCHEDULE L** (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

	i the organization								Linpio	yer ide					
	ational Christian Emb					5047 7/47	1.55	247 7/207				2793	78		
Par	Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	Form 99	501(c)(4), a 0, Part IV, I	ina 50 line 25	5a or 25b, o	ganız or Foi	rm 99	oniy) 0-EZ,	Part	V, line	40b	
1	(a) Name of disqualified	norcon	(b) Relationship be	etween	disqualified	person and		(c) Description of transaction					(d) Corrected?		
'	(a) Name or disqualified	person		organiz	ation			(c) Des	criptio	n Oi ii ai	isaciioi		_	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)														<u> </u>	Ĺ <u>.</u>
2	Enter the amount		d by the organ	nızatıc	on manag	gers or dis	qualif	fied persor	ıs du	rıng t	he ye	ar			
	under section 4958					•						• 9			
3	Enter the amount o	of tax, if any, on	line 2, above,	reımb	oursed by	the organi	ızatıo	n.			l	<b>&gt;</b> \$	S		
	,					<del></del>									
Part		or From Inter							-						
		ne organization eported an am						e 38a or Fo	rm 9	90, Pa	ırt IV,	line 2	6, or	t the	
	- Organization i	Torted an am		1	art X, III	1	<u> </u>	т				····			
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or	(e) Origin				(g) in default?		(h) Approved		(i) Written agreement?	
					om the Inization?	principal an	nount	ount				by board or committee?		agreement?	
				<u> </u>				İ		\ <u>\</u>	T			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(1)				То	From					Yes	No	Yes	No	Yes	No
(2)				-	+					╁	<del> </del>		!		$\vdash$
(3)		<del> </del>	<u> </u>	1	+					╁	<del> </del>		<del>                                     </del>		
(4)		<del> </del>			+					1	1	<u> </u>		<del> </del>	<del></del>
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(9)	<del></del>				<del>                                     </del>	<del>                                     </del>				1					
(10)				<del>                                     </del>						1					
Total				·			<b>•</b>	\$		*	3 14.	1	- (C.)	" n	
Part	II Grants or Ass	sistance Bene	fiting Interest	ed Pe	ersons.							L-1	- <del>.\</del>		<u> </u>
	Complete if th	e organization	answered "Ye	s" on	Form 99	0, Part IV, I	ine 27	7							
		(b) Relation				·			) Purpo	ose of assistance					
	·		and the organization		, ,										
(1)															
(2)							L								
(3)															
(4)															
(5)											ļ				
(6)															
(7)							ļ				<u> </u>				
(8)											ļ				
(9)															

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	anng of zation's nues?
		Organization			Yes	No
(1) Dary	J. Hedding	Son of former director	108,156	Employment		1
	an M. Michael	Secretary, Director		Employment		1
(3)						
(4)			<del> </del>			—
(5) (6)						<b>├</b> ─
(7)			<del></del>		-	├
(8)	·····-		<del></del>			<del>                                     </del>
(9)						
(10) Part V						
	Supplemental Information Provide additional information	on for responses to questions	on Schedule L (see	e instructions).		
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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.	62-1279378					
Part III, Statement of Program Service Accomplishments						
Line 4d Other program expenses						
(Expenses \$370,466 including grants of \$325,738) (Revenue \$21,070)						
General Aid to Israel						
Provides for the transportation, supervision and general assistance needs in order to accomplish work	( in Israel.					
·						
(Expenses \$149,071 Including grants of \$149,071) (Revenue \$560,108)						
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 around the world.						
	•••••					
(Expenses \$78,357 including grants of \$0) (Revenue \$168,038)						
US Outreach Programs	•••••					
To provide Christian leaders and young adults with teaching about the Jewish roots of their faith and t	he biblical significance of Israel, and					
to provide a way for them to comfort and bless the Jewish people.	•••••					
······	•••••					
(Expenses \$34,732 including grants of \$23,961) (Revenue \$42,103)						
Feast of Tabernacles Program						
Annually the single largest Christian tourist event in Jerusalem drawing in approximately 5,000 pilgrim	s from 80 different					
nations. The purpose is to instruct American and other Christians about the biblical foundations of their faith						
and to celebrate the faithfulness of God. The management and staff is voluntary.						
Part VI, Section B, Line 11A, Process for 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						

Criedule O (Form 990 or 990-EZ) (2018)	raye Z
Name of the organization	Employer identification number
nternational Christian Embassy Jerusalem - USA, Inc.	62-1279378
Part VI. Sentian B. Line 12a Conflict of interact notice	
Part VI, 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 Boa	ırd member.
Part VI, Section B, Line 15 Compensation	
	ian and atal by
Compensation is compared to other non-profit organization salaries via the annual compensation rev	iew conducted by
The Washington Council of Agencies. The board is responsible for reviewing and approving the final	compensation amount.
	······································
Part VI, Section C, Line 19 Availability of documents to the public	
Soverning documents, conflict of interest policy, and financial statements are made available to the p	nublic as requested
ia mail, email or phone. The most recent copy of the organization's Form 990 return and Audited Fin	ancial Statements are posted on the
organization's website (www.icejusa org).	
9/	