Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning

, and ending

52-1942990

INTERNATIONAL CHRISTIAN CONCERN INC

Net Asset / Fund Balance at Beg	inning of Year		_	1,984,335
Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming:		90,322 10,537 16,767		
Gross revenue Direct expenses Net income Other income Total revenue		<u></u>	2,217,626	
Expenses Program services Management and general Fundraising Total expenses	2,1	53,694 47,176 82,390	2,483,260	
Excess / (deficit) Changes			_	26, 918
Reconciliation of I Total revenue per financial statement:		Total expense	Reconciliation of E	
Less: Unrealized gains Donated services Recoveries Other	26,918	Less: Donated s Prior year Losses Other	•	E
Plus: Investment expenses Other Total revenue per return	2,217,626	Other	expenses per return	2,483,260
Assets Liabilities Net assets	Beginning 2,081,606 97,271 1,984,335	Balance Sheet Ending 1,880,240 134,621 1,745,619	Differences -238,71	<u>L6</u>
	Miscellaneous II Amended return Return / extended due date Failure to file penalty			

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 2016 Open to Public Inspection

<u>A</u>	For the 2016 (calendar year, or tax year beginning , and ending		
В	Check if applicable:	C Name of organization	D Employ	er identification number
	Address change	INTERNATIONAL CHRISTIAN CONCERN INC		
	Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite		L942990 one number
	Initial return	2020 PENNSYLVANIA AVE, NW #941		-422-5441
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code		
\sqsubseteq	terminated	WASHINGTON DC 20006-1846	G Gross re	eceipts\$ 2,217,626
	Amended return	F Name and address of principal officer:		
	Application pending	JAMES J. SCHNABEL H(a) Is this a gro	oup return for	r subordinates? Yes X No
		216 NOTTINGHAM HILL H(b) Are all sub	ordinates in	cluded? Yes No
		SHERWOOD FOREST MD 21405 If "No,"	' attach a lis	st. (see instructions)
ī	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J	Website: ► W	WW.PERSECUTION.ORG H(c) Group exe	mption num	ber >
K	Form of organization	: X Corporation Trust Association Other ▶ L Year of formation: 1	995	M State of legal domicile: MD
F	Part I Su	ımmary		
	1 Briefly de	escribe the organization's mission or most significant activities:		
မွ	SEE	SCHEDULE O		
an				
Governance				
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% of its net a	ssets.	
	3 Number	of voting members of the governing body (Part VI, line 1a)	3	8
Activities &	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	7
¥		nber of individuals employed in calendar year 2016 (Part V, line 2a)		25
듗		nber of volunteers (estimate if necessary)	6	0
~	7a Total unr	elated business revenue from Part VIII, column (C), line 12	7-	0
		lated business taxable income from Form 990-T, line 34		0
		Prior Yea	ır	Current Year
<u>a</u>	8 Contribut	tions and grants (Part VIII, line 1h) 2,716	<u>5,545</u>	
Revenue	9 Program	service revenue (Part VIII, line 2g)		10,537
ě	10 Investme		2,087	16,767
Œ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,738		
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	3,733	637,340
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,296	1,139,112
xpenses	16aProfession	other compensation, employee benefits (Part IX, column (A), lines 5–10) 919 onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 82,390		0
g	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 82,390		
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e) 626	5,702	706,808
	18 Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,731	2,483,260
	19 Revenue		3,901	-265,634
Net Assets or		Beginning of Cur		End of Year
set	20 Total ass	sets (Part X, line 16) 2, 081		
a state	21 Total liab		7,271	134,621
	3,0,0,0,0,0,0,0,0,0,0,0	ts or fund balances. Subtract line 21 from line 20 1, 984	1,335	1,745,619
		gnature Block		
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		my knowledge and belief, it is
tr	ue, correct, and c	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	eage.	
	-			
	9'' '	ignature of officer	Date	
He	ere	JAMES J. SCHNABEL CHAIRMAN/TREA	ASURE	ER
		ype or print name and title	1	
D - 1		e preparer's name Preparer's signature Date	Checl	k if PTIN
Pai	DONALI		/17 self-e	
	eparer Firm's na	,	irm's EIN ▶	52-1658535
Us	e Only	7101 WISCONSIN AVE STE 1010		
	Firm's ad	·	hone no.	301-951-3744
	•	ss this return with the preparer shown above? (see instructions)	<u></u>	Yes No
For	Paperwork Red	uction Act Notice, see the separate instructions.		Form 990 (2016)

Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III	_A
1 Briefly describe the organization's mission:	
SEE SCHEDULE O	
• • • • • • • • • • • • • • • • • • • •	
2 Did the organization undertake any significant program services during the year which were not listed on the	
	Yes X No
prior Form 990 or 990-EZ?	Yes A No
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?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported.	
the total expenses, and revenue, if any, for each program service reported.	
ASSISTANCE PROGRAM - ASSISTANCE TO CHRISTIANS SUFFERING PERSECUT THEIR FAITH IS LARGELY CATEGORIZED INTO THE FOLLOWING EFFORTS: C REBUILDING, KIDS CARE, BIBLES FOR PERSECUTED, SUFFERING WIVES AN BROADCASTING THE GOSPEL, UNDERGROUND PASTORS, SAVE OUR SISTERS, HOPE FOR SPECIAL AREAS OF THE WORLD (AFRICA, FAR EAST, MIDDLE EA ASIA), AND SPECIAL NEEDS PROGRAM. IN ADDITION, UNRESTRICTED FUND TO MONITOR PROJECTS, TRAVEL TO COUNTRIES AFFECTED AND TO ESTABLI PROJECTS, OR TO REVIEW HOW FUNDS WERE SPENT.	OMMUNITY D CHILDREN, HAND OF ST, SOUTH S WERE SENT
4b (Code:) (Expenses \$ 148,473 including grants of \$) (Revenue \$ AWARENESS PROGRAM - PROMOTION OF AWARENESS TO THE WORLD AS TO TH SEVERITY OF PERSECUTION TAKING PLACE AGAINST CHRISTIANS THROUGHO WORLD. ICC PROMOTES AWARENESS USING ITS MONTHLY "PERSECUTION" MA PRESS INTERVIEWS, NEWS RELEASES, SOCIAL MEDIA POSTS, AND ITS WEB WWW.PERSECUTION.ORG. PERSONNEL ALSO ENGAGE IN SPEAKING ENGAGEMEN CHURCHES AND WITH THE MEDIA.	UT THE GAZINE, S SITE AT
4c (Code:) (Expenses \$ 6,356 including grants of \$) (Revenue \$ ADVOCACY PROGRAM - ADVOCACY FOR THE PERSECUTION CHURCH IS ACCOMP USING OUR STRATEGIC LOCATION IN THE METROPOLITCAN DC AREA. ICC PHAVE DIRECT ACCESS TO MEMBERS OF CONGRESS, THE DEPARTMENT OF STA GOVERNMENT AGENCIES, AND FOREIGN EMBASSIES.	LISHED ERSONNEL TE, OTHER
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ADVOCACY PROGRAM - ADVOCACY FOR THE PERSECUTION CHURCH IS ACCOMP USING OUR STRATEGIC LOCATION IN THE METROPOLITCAN DC AREA. ICC P HAVE DIRECT ACCESS TO MEMBERS OF CONGRESS, THE DEPARTMENT OF STA	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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	_		3,7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
3	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		х
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		Х
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	X	
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		X
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		Х
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	37	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115		v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		Х
12a	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	120	42	
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	X	
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	X	
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	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		Х
19		19		х
	If "Yes," complete Schedule G, Part III	19		>

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	
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	X	
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		X
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		X
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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Port I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schodule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	anations 201 7701 0 and 201 7701 02 If Was " samplets Calculula D. Bart I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•		34		Х
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300		
-	valeted even ministran 2 If "Vee " exemplete Cabadyda D. Davit V. line C.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		, ,,,,		

Form 990 (2016) INTERNATIONAL CHRISTIAN CONCERN INC52-1942990

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Par	rt V				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financi	al			
	account)?			. <u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Acco	unts			
- -	(FBAR).			-		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans				-	^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. 5c	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?	trie		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tione o		. Oa		
b	nifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			. 05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	s			
-	and convices provided to the pover?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					
	required to file Form 8282?			7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ained b	y the			
	sponsoring organization have excess business holdings at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b		
10	Section 501(c)(7) organizations. Enter:	المدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	IIa		-		
b		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		412	12a		3
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	41	. 120		†
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	le the organization licensed to include qualified health plane in more than one state?			13a		
-	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 appropriation reactive any property for independence or property to the day years.			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu					

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

<u> </u>	ction A. Governing Body and Management				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8								
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7								
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		X					
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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			. 5		X					
6	Did the organization have members or stockholders?										
7a											
	one or more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year b	y the follo	wing:							
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			Oh	X						
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					X					
Sec	tion B. Policies (This Section B requests information about policies not required by the	Interr	nal Reve	enue Co		,					
					Yes						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
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		ling the	form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				3.7						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	37					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to	conflicts?	? 12b		X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40.		v					
40	describe in Schedule O how this was done					X					
13	Did the organization have a written whistleblower policy?			13	v	Λ					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval by	2									
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			15a	Х						
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			456	+	Х					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
IVa	with a tayable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100							
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?			16b							
Sec	etion C. Disclosure										
17	Liet the states with which a copy of this Form 900 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section										
	available for public inspection. Indicate how you made these available. Check all that apply.	(-)	· · · · · · · · · · · · · · · · · · ·	•							
	X Own website Another's website X Upon request X Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest p	oolicy, and	d							
	financial statements available to the public during the tax year.		- *								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>								
I	NTERNATIONAL CHRISTIAN CONCERN, IN8121 GEORGIA AVENUE, SUITE 100										
	TIMED CODING MD 200	1 0	0	00-42)) E	: // // 1					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the org	Janization nor a	I I I	iaicc	uoig	arıız	alion	COI	inperisated any current on	cer, director, or trustee.		
(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
Name and Thie	hours per		(do not check more than one					compensation	compensation from	amount of	
	week (list any		box, unless person is both an officer and a director/trustee)					from the	related organizations	other compensation	
	hours for							organization	(W-2/1099-MISC)	from the	
	related organizations	divic	stitu	Officer	Key employee	nplo	Former	(W-2/1099-MISC)		organization and related	
	below dotted	dual	tiona	_	mplc	t cor	4			organizations	
	line)	Individual trustee or director	Institutional trustee		yee	nper					
		ee	stee			Highest compensated employee					
(1) JEFFREY KING											
	40.00										
PRESIDENT	0.00	X		X				128,476	0	5,139	
(2) JAMES J. SCHNAB											
	8.00										
CHAIRMAN/TREASURER	0.00	X		X				0	0	0	
(3) STEPHEN T. SWAL	ES 3.00										
VICE CHAIRMAN	0.00	x		х				0	0	0	
(4) SCOTT E. STREAT		Λ		Λ				0	<u> </u>	<u> </u>	
(4) DEOIL E. DIREAL	3.00										
BOARD OF DIRECTOR	0.00	X						0	0	0	
(5) CHRIS KIRK											
•	2.00										
BOARD OF DIRECTOR	0.00	X						0	0	0	
(6) WILLIAM NICKELS											
	1.00										
BOARD OF DIRECTOR	0.00	X						0	0	0	
(7) REV BRET HICKS											
	1.00								_		
BOARD OF DIRECTOR	0.00	X						0	0	0	
(8) ED WORMALD	4 00										
BOARD OF DIRECTOR	4.00	x						0	0	0	
(9)	0.00	Λ						U	U	0	
(3)											
(10)											
(11)											
(11)											

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										ied)
	(A) Name and title	Average hours per week (list any hours for					is bot or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
related organizations below dotted line)				Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1655 MIGG)	organization and related organizations
									122		- 100
1b c	Sub-total Total from continuation sh				 n A			>	128,476		5,139
<u>d</u> 2		ncluding but not	limit	ed to				abo	128,476 ove) who received more that		5,139
3 4	Did the organization list any f employee on line 1a? <i>If "Yes</i> , For any individual listed on lir organization and related organization and related organization."	," complete Sche ne 1a, is the sum	<i>dule</i> of r	e <i>J fo</i> epor	o <i>r su</i> rtable	<i>ch ir</i> e co	ndivi mpe	<i>dual</i> nsat	tion and other compensation	on from the	3 X 4 X
5	Did any person listed on line for services rendered to the control of the control	1a receive or ac organization? If "	crue Yes,	con ," <i>co</i>	npen mple	satio	on fr	om a	any unrelated organization J for such person	or individual	5 X
Sect 1	tion B. Independent Contrac Complete this table for your f	ive highest comp	oens	ated	linde	eper	nden	t coi	ntractors that received mor	re than \$100,000 of	
	compensation from the organ	nization. Report of (A) displays address	comp	oens	ation	1 tor	the	cale	endar year ending with or w	Ithin the organization's tax (B) Ition of services	(C) Compensation
	rvanie and	a business address							Безапр	ition of services	Compensation
2	Total number of independent received more than \$100,000	contractors (inc	ludir	ng bu	ut no	t lim	ited izatio	to th	nose listed above) who	0	

	IFL V	Check if Schedule		a respons	e or note to any li			
(O : o					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ant	1a	Federated campaigns	1a					
ខ្លួន	b	Membership dues	1b					
ξŽ	С	Fundraising events	1c					
Program Service Revenue Contributions, Gifts, Grants	d	Related organizations	1d					
	е	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants,						
흊		and similar amounts not included above		<u>,190,322</u>				
ᅙ	g	Noncash contributions included in lines 1		5,813	***************************************			
<u>ಹ್ಹರ</u>	h	Total. Add lines 1a–1f		<u></u>	2,190,322			
eun				Busn. Code	10 527	10 527		
æ	2a	ANNUAL CONFERENCE	FEES	812900	10,537	10,537		
8	b	• • • • • • • • • • • • • • • • • • • •						
eZ	C C	• • • • • • • • • • • • • • • • • • • •						
E S	d							
gra	e f	All other program service reve						
Ро	,	Total. Add lines 2a–2f			10,537		<u> </u>	
	3	Investment income (including						
					16,767			16,767
	4	Income from investment of ta						,
	5	Royalties	•	•				
		(i) Real) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	d	Net rental income or (loss)	<u></u>					
	/a	Gross amount from sales of assets (i) Securities	.	(ii) Other	1			
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
		Gain or (loss)						
		Net gain or (loss)		<u> </u>				
ne	8a	Gross income from fundraising ev	ents					
Ven		(not including \$						
æ		of contributions reported on line 1						
Other Revenu	L .	See Part IV, line 18			4			
₹		Less: direct expenses Net income or (loss) from fund			-			
		Gross income from gaming activiti		.5				
	Ja	See Part IV, line 19						
	h	Less: direct expenses	a		-			
		Net income or (loss) from gan		•				
		Gross sales of inventory, less						
		returns and allowances						
	b	Less: cost of goods sold	·· h					
		Net income or (loss) from sale		/ >				
		Miscellaneous Revenue		Busn. Code				
	11a							
	b							
	С	• • • • • • • • • • • • • • • • • • • •						
	d	All other revenue						
	е				0.015.00	45 =5=	-	4.5
	112	Total revenue See instruction	nne		2.217.626	10.537	0	16.767

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 (A) (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 175,156 175,156 Grants and other assistance to domestic individuals. See Part IV, line 22 6,979 6,979 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 455,205 455,205 Benefits paid to or for members Compensation of current officers, directors, 131,476 105,181 19,721 6,574 trustees, and key employees 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 811,188 648,951 121,678 40,559 Pension plan accruals and contributions (include 4,134 5,167 775 section 401(k) and 403(b) employer contributions) 258 Other employee benefits 117,054 93,644 17,558 5,852 9 Payroll taxes 74,227 59,382 11,134 3,711 10 Fees for services (non-employees): a Management 5,688 4,551 853 284 **b** Legal c Accounting 26,001 20,801 3,900 1,300 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 13,487 10,790 2,023 674 12 Advertising and promotion 298,691 254,060 33,473 11,158 13 Office expenses 6,485 $2, \overline{162}$ Information technology 43,234 34,587 14 Royalties 121,128 96,903 18,169 6,056 Occupancy 16 80,392 70,892 7,125 2,375 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 83,288 83,288 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 $6, \overline{852}$ 8,565 1,285 428 Depreciation, depletion, and amortization 22 2,997 19,978 15,982 999 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.) ADVOCACY 6,356 6,356 b d e All other expenses 2,483,260 2,153,694 247,176 82,390 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) .

P	art 2	X Balance Sheet					
		Check if Schedule O contains a response or n	ote to any line	in this Part X			
			-		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			754,007		411,248
	2	Savings and temporary cash investments			972,943	2	1,086,393
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		15,000	4	4,152	
	5	Loans and other receivables from current and forme					
		trustees, key employees, and highest compensated	employees.				
		Complete Part II of Schedule L	5				
	6	Loans and other receivables from other disqualified					
		4958(f)(1)), persons described in section 4958(c)(3)					
		sponsoring organizations of section 501(c)(9) volunt					
S		organizations (see instructions). Complete Part II of				6	
Assets	7	Notes and loans receivable, net				7	
Ą	8	Inventories for sale or use				8	
	9	Duanaid averages and deferred aboves			17,277	9	21,972
	10a	Land, buildings, and equipment: cost or]]		,		,
		other basis. Complete Part VI of Schedule D	10a	54,527			
	b	Less: accumulated depreciation		54,527 29,050	26,342	10c	25,477
	11	The state of the s			26,342 285,733	11	25,477 320,694
	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 sector Con Doubly Band 44		10,304	15	10,304	
	16	Total assets. Add lines 1 through 15 (must equal lin	2,081,606	16	1,880,240		
	17	Accounts payable and accrued expenses		54,835	17	96,838	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule	D		21	
es	22	Loans and other payables to current and former office	ers, directors,				
∄		trustees, key employees, highest compensated emp	loyees, and				
Liabilities		disqualified persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated	third parties			23	
	24	Unsecured notes and loans payable to unrelated thin	d parties			24	
		Other liabilities (including federal income tax, payabl	es to related th	ird			
		parties, and other liabilities not included on lines 17-	24). Complete	Part X			
		of Schedule D			42,436	25	37,783 134,621
	26	Total liabilities. Add lines 17 through 25			97,271	26	134,621
Ś		Organizations that follow SFAS 117 (ASC 958), or	-	X and			
õ		complete lines 27 through 29, and lines 33 and 3	34.				
ala	27	Unrestricted net assets			945,797	27	1,149,729 595,890
B	28				1,038,538		595,890
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
Ϋ́F		Organizations that do not follow SFAS 117 (ASC	958), check l	here ▶ and			
ts		complete lines 30 through 34.					
Se		Capital stock or trust principal, or current funds				30	
ţÀŝ	31	Paid-in or capital surplus, or land, building, or equipr				31	
Se	32	Retained earnings, endowment, accumulated incom			1 004 335	32	1 745 610
	I				1,984,335	33	1,745,619
	34	Total liabilities and net assets/fund balances			2,081,606	34	1,880,240

Form **990** (2016)

1 Accounting method used to prepare the Form 990:	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3	
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	
5 26, 9 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,745, 66 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,745, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Indicated bas	
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,745, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
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Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Pes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990:	19
1 Accounting method used to prepare the Form 990: Cash X Accrual Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
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If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	No
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
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X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in	
Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
the Single Audit Act and OMB Circular A-133?	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization

INTERNATIONAL CHRISTIAN CONCERN INC 52-1942990

			INIDIMATION	THE CHILDTIAN CO.	14011/17	1 1110	3 <u>2</u> 13	42330		
P	art	l Reas	on for Public Charity	y Status (All organization	ns must	comple	ete this part.) See inst	ructions.		
he	orga	anization is no	t a private foundation becau	ise it is: (For lines 1 through 12	, check o	nly one bo	ox.)			
1		A church, co	nvention of churches, or as	sociation of churches describe	d in secti	on 170(b)(1)(A)(i).			
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 o	r 990-EZ)	.)			
3	П			poperative hospital service organization described in section 170(b)(1)(A)(iii) .						
4	П	-	arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and stat	= -							
5		•		of a college or university owner	d or oper	ated by a	governmental unit describe	d in		
•	ш	_	(b)(1)(A)(iv). (Complete Pa	=	. с. срс.	aiou o, a	governmental and accomp	~		
6				governmental unit described in	section	170(b)(1)	(A)(v).			
7	X		=	substantial part of its support				oublic		
			section 170(b)(1)(A)(vi). (
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)					
9		An agricultur	al research organization de	scribed in section 170(b)(1)(A	A)(ix) ope	rated in co	onjunction with a land-grant	college		
		or university university:	or a non-land grant college	of agriculture (see instructions). Enter th	ne name,	city, and state of the college	e or		
10				(1) more than 33 1/3% of its su						
				mpt functions—subject to certa			` '			
				and unrelated business taxable 30, 1975. See section 509(a)(3		
44			•				•			
11 12	Н	_	-	exclusively to test for public sa	-			W. I. I. D. O. O. O.		
12	Ш			exclusively for the benefit of, t izations described in section 5						
				that describes the type of supp						
	а		=	perated, supervised, or controll			·	=		
				wer to regularly appoint or elec	-					
		supportir	ng organization. You must (complete Part IV, Sections A	and B.					
	b	Type II.	A supporting organization s	upervised or controlled in conn	ection wit	th its supp	orted organization(s), by ha	aving		
				orting organization vested in the	e same pe	ersons tha	t control or manage the sup	ported		
			•	e Part IV, Sections A and C.						
	С	its suppo	orted organization(s) (see in	supporting organization opera structions). You must comple	te Part I	/, Section	ns A, D, and E.			
	d			ed. A supporting organization of						
				e organization generally must must complete Part IV, Sect				iveness		
	е			ceived a written determination				I		
	C			on-functionally integrated suppo			is a Type i, Type ii, Type ii	'		
	f		mber of supported organiza							
	g	Provide the f	following information about t	he supported organization(s).						
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	ganization		(described on lines 1–10	,	ur governing	support (see	other support (see		
				above (see instructions))	Yes	ment?	instructions)	instructions)		
(A)					163	110				
(4)										
(B)									_	
(5)										
(C)										
` '										
(D)										
/E`										
(E)										
ota	ıl									

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.)

	tion A. Public Support	•	-		·	,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,438,127	1,963,894	2,288,755	2,716,545	2,190,322	10,597,643
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,438,127	1,963,894	2,288,755	2,716,545	2,190,322	10,597,643
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						10,597,643
	tion B. Total Support	T					
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,438,127	1,963,894	2,288,755	2,716,545	2,190,322	10,597,643
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,672	13,849	18,876	21,052	16,767	89,216
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,677	-6,142	551			-1,914
11	Total support. Add lines 7 through 10						10,684,945
12	Gross receipts from related activities, etc	. (see instructions))			12	10,537
13	First five years. If the Form 990 is for the	e organization's fir					_
	organization, check this box and stop he	re					>
Sec	tion C. Computation of Public S	Support Perce	entage				
14	Public support percentage for 2016 (line	6, column (f) divide	ed by line 11, colu	mn (f))		14	99.18%
15	Public support percentage from 2015 Sch	nedule A, Part II, li	ne 14			15	99.08%
16a	33 1/3% support test—2016. If the orga			•	s 33 1/3% or more	e, check this	
	box and stop here. The organization qua						> X
b	33 1/3% support test—2015. If the orga				e 15 is 33 1/3% or	more, check	. \Box
	this box and stop here. The organization						▶ ∐
17a	10%-facts-and-circumstances test—2	-					
	10% or more, and if the organization mee				-	-	
	Part VI how the organization meets the "f	acts-and-circumst	ances" test. The c	organization qualifi	es as a publicly su	upported	
b	organization 10%-facts-and-circumstances test—2	015. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, or 17a,	and line	▶ ⊔
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization m			•	•	•	▶ □
40	supported organization			106 47- 47	de a de alada d		▶ □
18	Private foundation. If the organization of						▶ □
	instructions						
						chedule A (Form 0	ON AF DON E7\ 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(8) 2010	(6) 2014	(d) 2013	(6) 2010	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3)	
	organization, check this box and stop he					. , , ,)
Sec	tion C. Computation of Public S						
15	Public support percentage for 2016 (line	8, column (f) divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	tion D. Computation of Investm						
17	Investment income percentage for 2016 (13, column (f))			%
18	Investment income percentage from 2019				· · · · · · · · · · · · · · · · · · ·		%
19a	33 1/3% support tests—2016. If the org						
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2015. If the org		-			-	▶ ∟
U	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization d	_	-	-		-	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
1		
2		
3a		
-		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
(Form 990	or 990-	EZ) 2016

****************	the A (Form 990 or 990-EZ) 2016 INTERNATIONAL CHRISTIAN CONCERN INCSZ-194	2330		Page 5
_ rai	rt IV Supporting Organizations (continued)		V	NI.
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Jeci	ion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustoes, or membership of one or more supported organizations have the power to		162	INU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sact	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
3601	ion c. Type ii Supporting Organizations		Yes	No
1	Ware a majority of the arganization's directors or trustees during the tay year also a majority of the directors		162	INO
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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			
		4		
Sact	the supported organization(s). ion D. All Type III Supporting Organizations	1		
OCCI	ion b. All Type in oupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	ა		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ruotiono)		
	The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	a inetruction	(c)	
C	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity (se	e irisiraciiori	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
2	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) helpw	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	orno supporteu organizationo: ir i res, describe in F art vi the role played by the organization in this regald.	่วก	L	i

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Org	gani	izations			
1 Check here if the organization satisfied the Integral Pa	rt Test as a qualifying trust on Nov	v. 20), 1970 (explain in Part VI)	.See		
instructions. All other Type III non-functionally integra	ated supporting organizations mus	st co	mplete Sections A through	ı E.		
Section A - Adjusted Net Income	Section A - Adjusted Net Income					
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 produc	tion or					
collection of gross income or for management, conservation,	or					
maintenance of property held for production of income (see in	nstructions)	6				
7 Other expenses (see instructions)	i	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line	e 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	s (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						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use a	ssets	2				
3 Subtract line 2 from line 1d.		3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3	3 (for greater amount,					
see instructions).		4				
5 Net value of non-exempt-use assets (subtract line 4 from	line 3)	5				
6 Multiply line 5 by .035.		6				
7 Recoveries of prior-year distributions		7				
8 Minimum Asset Amount (add line 7 to line 6)		8				
Section C - Distributable Amount				Current Year		
1 Adjusted net income for prior year (from Section A, line 8	, Column A)	1				
2 Enter 85% of line 1.		2				
3 Minimum asset amount for prior year (from Section B, line	e 8, Column A)	3				
4 Enter greater of line 2 or line 3.		4				
5 Income tax imposed in prior year		5				
6 Distributable Amount. Subtract line 5 from line 4, unles	s subject to					
emergency temporary reduction (see instructions).		6				
7 Check here if the current year is the organization's firs	t as a non-functionally integrated T	Туре	III supporting organization	n (see		

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continued)	1330 Tage I
200000000000000000000000000000000000000	ion D - Distributions	oupporting organi		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations		
4	Amounts paid to acquire exempt-use assets	•		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b	F 0040			
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
•	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

I	NTERNATIONAL CHRISTIAN CONCERN INC		52-1942990
	art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	
	Complete if the organization answered "Yes" of		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing to		
·	funds are the organization's property, subject to the organization's e		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d	-	
	conferring impermissible private benefit?		Yes No
Pa	irt II Conservation Easements.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a con	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/		
	historic structure listed in the National Deviator		2d
3	Number of conservation easements modified, transferred, released,		zation during the
	tax year ▶		-
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
	>	-	
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation eas	sements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense statem	nent, and
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements that	t describes the
	organization's accounting for conservation easements.		
Pa	irt III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	·	
	works of art, historical treasures, or other similar assets held for pub		rtherance 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		\$
2	If the organization received or held works of art, historical treasures,		provide the
	following amounts required to be reported under SFAS 116 (ASC 95)		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		▶ \$

Pa	art III Organizations Maintaining	Collections	of Art, Historica	l Treasure	es, or O	her S	imila	r Ass	ets (cc	ntin	ued)
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other recor	ds, check any of the	following that	t are a sigr	nificant u	use of	its			
а	Public exhibition	d	Loan or exchange p	rograms							
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations										
4	Provide a description of the organization's col XIII.	lections and expla	in how they further t	he organizatio	on's exemp	t purpo	se in F	Part			
5	During the year, did the organization solicit or	receive donations	of art, historical trea	asures, or oth	er similar					_	_
	assets to be sold to raise funds rather than to		part of the organiza	tion's collectio	n?	<u></u>			Ye	s	No
Pa	Complete if the organization 990, Part X, line 21.		es" on Form 990	, Part IV, lir	ne 9, or	reporte	ed ar	amoi	unt on	Forn	n
1a	Is the organization an agent, trustee, custodia										7
	included on Form 990, Part X?								Ye	S	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the f	ollowing table:			ſ			Λ		
_	Decimal halance						4.		Amoun		
	Beginning balance						1c 1d				
u A	Additions during the year Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21, for escrow or	custodial acco	ount liability	 /?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII.										
Pa	art V Endowment Funds.										
	Complete if the organization	answered "Ye	s" on Form 990	<u>, Part IV, lir</u>	ne 10.				T		
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Thr	ee year	s back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
٨	Grants or scholarships										
	Other expenditures for facilities and										
Ŭ	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		ce (line 1g, column (a)) held as:							
	Board designated or quasi-endowment ▶	%									
	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶										
•	The percentages on lines 2a, 2b, and 2c should be a sh	•									
за	Are there endowment funds not in the posses	sion of the organiz	zation that are held a	and administer	red for the				ſ	Yes	No
	organization by: (i) unrelated organizations								3a(i)	165	INO
	(i) unrelated organizations(ii) related organizations								2-(::)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requ	uired on Schedule R	?					3b		
4	Describe in Part XIII the intended uses of the										•
Pa	art VI Land, Buildings, and Equip										
	Complete if the organization	answered "Ye	s" on Form 990	, Part IV, lir	<u>ne 11a. S</u>	See Fo	orm 9	990, P	art X, li	ne 1	0.
	Description of property	(a) Cost or other b	, ,	r other basis	, ,	ccumulate	d		(d) Book	value	
		(investment)	(of	her)	de	oreciation					
	Land										
	Buildings										
	Leasehold improvements			51,432		27	, 73!	5	2	3	697
	Equipment Other			3,095			, , <u>, , , , , , , , , , , , , , , , , </u>				780
	II. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Pa	art X. column (B), line		<u> </u>		<u> </u>	•	2	5,	477

(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11h See Form 990 Part X line 12
(1) Financial derivatives (2) Closely held equity litterests (3) Other (A) (B) (C) (C) (C) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (9) Description of investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (9) Description of investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (9) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (2) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (3) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (7) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (8) See Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part IV, line 11d. See Form 990,				
(2) Closely-held equity interests (3) Cliher (4) (6) (6) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(including name of security)		Cost or end-of-year market value
(3) Other	(1) Financial	derivatives		
(3) Other	(2) Closely-he	eld equity interests		
(E) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(0) 011			
(C)	/ A \			
(E) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(E) (F) (G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Monthod of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) DEFERRED LEASE LIABILITY (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(F) (G) (G) (H) (G) (H) (G) (H) (Fig. (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) (Fig. 1) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related.				
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Investments		on (h) must equal Form 990 Part X col. (R) line 12) ▶		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Gost of end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (e) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of fabrility (b) Book value (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(e) Description of Investment (b) Book value Coat or ercf-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part IX (b) Description (c) Book value (c) Method of valuation: Coat or ercf-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			n Form 990. Part IV.	line 11c. See Form 990. Part X. line 13.
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) (1) Federal income taxes (2) DEFERRED LEASE LIABILITY (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,783 (3) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,783				Cost or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) (1) Federal income taxes (2) DEFERRED LEASE LIABILITY (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,783 (3) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,783	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (1) Federal income taxes (2) DEFERRED LEASE LIABILITY (37,783) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37,783				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LEASE LIABILITY 37,783 (3) (4) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(3)			
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 37, 783				
		on (h) must squal Form 000. Best V. sal. (D) Ex- 05)	27 702	

Pi	art XI Reconciliation of Revenue per Audited Financial St			tetur	11.
	Complete if the organization answered "Yes" on Form 9				0.044.544
1	Total revenue, gains, and other support per audited financial statements $\dots\dots$			1	2,244,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	06 010		
а		2a	26,918		
b		2b			
С		2c			
d	/	2d			06.010
е				2e	26,918
3	Subtract line 2e from line 1			3	2,217,626
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,				
b	,	4b			
C				4c	0.015.606
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,217,626
P	art XII Reconciliation of Expenses per Audited Financial S			r Ket	urn.
	Complete if the organization answered "Yes" on Form	990, Part IV, li	ne 12a.		0 400 060
1				1	2,483,260
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		2a			
b		2b			
С		2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	
3	Subtract line 2e from line 1			3	2,483,260
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а					
b	Other (Describe in Part XIII.)	4b			
•					
	Add lines 4a and 4b			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>			4c 5	2,483,260
5 P a	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information.)		5	2,483,260
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4; F	5	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information.	Part IV, lines 1b a	nd 2b; Part V, line 4; F	5	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4; F	5	
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5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4; F	5	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4; F	5	
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5 Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a ovide any addition	nd 2b; Part V, line 4; F nal information.	art X,	line
5 Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	Part IV, lines 1b a ovide any addition	nd 2b; Part V, line 4; F nal information.	art X,	line
5 Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	Part IV, lines 1b a ovide any addition	nd 2b; Part V, line 4; F nal information.	art X,	line
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5 Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	Part IV, lines 1b a ovide any addition	nd 2b; Part V, line 4; F nal information.	art X,	line
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Schedule D (Fe	orm 990) 2016	INTERNATIONAL	CHRISTIAN	CONCERN	INC52-1942990	Page 5
Part XIII	Supplemen	ntal Information (contin	nued)			
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2016
Open to Public Inspection

Name of the organization INTERNATIONAL CHRISTIAN CONCERN INC

Employer identification number 52-1942990

200000000000000000000000000000000000000	eneral Informatio rm 990, Part IV, line		Outside the	United States	. Complete i	f the organization ans	swered "Yes" on
1 For grantma	kers. Does the organine grantees' eligibility f	zation maintain reco or the grants or ass	sistance, and the	e selection criteria us	sed to award the		X Yes No
-	kers. Describe in Part	•	's procedures fo	r monitoring the use	e of its grants a	and other	
3 Activities per	Region. (The following	Part I, line 3 table	can be duplicate	ed if additional spac	e is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (b fundraising investments	es conducted in the by type) (such as, , program services, , grants to recipients d in the region)	a pr descrit	tivity listed in (d) is ogram service, oe specific type of e(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA (1)	AND THE PACI	IC	PROGRAM	SERVICES	RIBLES	RELIEF AID	93, 955
	T AND NORTH	AFRICA		SERVICES		ST/RELIEF AID	136,277
SOUTH ASIA			PROGRAM	SERVICES	BIBLES,	BROADCASTS	167,446
NORTH AMER (4)			PROGRAM	SERVICES	RELIEF	AID	1,800
SUB-SAHARA (5)	N AFRICA		PROGRAM	SERVICES	RELIEF	AID	57,727
(6)							
_(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17) 3a Sub-total							457,205
b Total from continuation sheets to Part I c Totals (add	n 						
lines 3a and 3b)							457,205

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	eived more than \$5,000. Part II (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)
(1)				BIBLE DISTRIBUTION	45,000	WIRE TRAN	SFER		
(2)				ASSIST TO WOMEN	13,227	WIRE TRAN	SFER		
(3)				AID CHRISTIANS	71,383	WIRE TRAN	SFER		
(4)				RELIEF AID	5,250	WIRE TRAN	SFER		
(5)				ASSIST PASTORS/CHRST	10,202	WIRE TRAN	SFER		
(6)				RELIEF AID	34,149	WIRE TRAN	SFER		
(7)				RELIEF AID	7,596	WIRE TRAN	SFER		
(8)				RELIEF AID	32,436	WIRE TRAN	SFER		
(9)				RELIEF AID	58,163	WIRE TRAN	SFER		
(10)				RELIEF AID	23,202	WIRE TRAN	SFER		
(11)				ASSIST CHILDREN	13,604	WIRE TRAN	SFER		
(12)				RELIEF FOR FAMILIES	8,182	WIRE TRAN	SFER		
(13)									
(14)									
(15)									
(16)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt		
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		12
3	Enter total number of other organizations or entities	•	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
		recipients	Casii grani	disbursement	assistance	or noncastr assistance	(book, FMV, appraisal, other)
	SOUTH 2	SIA					
(1) BIBLES/BROADCASTING		1	52,678	WIRE TRANSF	ER		
	SOUTH 2						
(2) PERSECUTED CHRISTIAN AID		2 MERICA	12,622	WIRE TRANSF	ER		
(3) PERSECUTED CHRISTIAN AID		2	1,800	WIRE TRANSF	FD		
(3) PERSECUIED CHRISTIAN AID		IA AND THE P		WIRE IRANSE	EK		
(4) PERSECUTED CHRISTIAN AID		1		CHECK			
(1)		IA AND THE P	,				
(5) CHRISTIAN/PASTOR AID		1	6,897	WIRE TRANSF	ER		
	EAST A	IA AND THE P	ACIFIC				
(6) BROADCASTING		1	3,000	WIRE TRANSF	ER		
	EAST A	IA AND THE P					
(7) CHURCH PLANTING AID		1	15,750	WIRE TRANSF	ER		
(a) DACHOD CUDDODH	SUB-SAI	ARAN AFRICA	075	WIDE MDANCE	ED		
(8) PASTOR SUPPORT	CIID_CAI	1 ARAN AFRICA	875	WIRE TRANSF	EK		
(9) PERSECUTED CHRISTIAN AID		2	12,591	WIRE TRANSF	ER		
(9) I III O O O O O O O O O O O O O O O O		EAST AND NOR		WITE ITEMOL			
(10) PERSECUTED CHRISTIAN AID		3		WIRE TRANSF	ER		
`		IA AND PACIF					
(11) INTERVIEWS-NORTH KOREA		1	1,000	CHECK			
		IA AND THE P					
(12) PERSECUTED CHRISTIAN AID		1	2,962	WIRE TRANSF	ER		
(13)							
(14)							
(14)							
(15)							
X -7							
(16)							
(17)							
(18)							F (Farm 000) 20:

Pá	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MON	ITORING TH	E USE OF G	RANT FU	NDS
ICC'S REGIONAL MANAGERS MAKE PERIOD	IC TRIPS T	O THE REGI	ONS AND	COLLECT
INFORMATION FROM GRANTEES ON HOW FUL	NDS WERE U	SED TO MEE	T GRANT	OBJECTIVES
FINANCIAL INFORMATION IS ALSO COLLEC	CTED, INCL	UDING RECE	IPTS FO	R MAJOR
EXPENDITURES.				
PART I, LINE 3 - ACTIVITIES PER REG	ION			
REGION	EXP	ENDITURES	INVEST	MENTS
EAST ASIA AND THE PACIFIC	\$	93,955	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	136,277	\$	0
SOUTH ASIA	\$	167,446	\$	0
NORTH AMERICA	\$	1,800	\$	0
SUB-SAHARAN AFRICA	\$	57,727	\$	0

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.

► Attach to Form 990.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL CHRISTIAN CONCERN INC Employer identification number 52–1942990

Part I General Information on Grants ar	<u>nd Assistance</u>	!					
1 Does the organization maintain records to substantiate	the amount of the	grants or a	ssistance, the grantee	es' eligibility for the g	rants or assistance	, and	V Vaa
the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m	ance?the use (of grant fund	ds in the United States				X Yes No
Part II Grants and Other Assistance to I	Domestic Orga	anization	s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form
990, Part IV, line 21, for any recipie							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	, ,	section (if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) BOAT PEOPLE SOS, INC.							
6066 LEESBURG PIKE, STE. 100							RELIEF AID
FALLS CHURCH VA 22041	42-1560745	501C3	9,267				
(2) CHINA AID ASSOCIATION							
PO BOX 8513							PASTORS FAMILY AID
MIDLAND TX 79708	42-1560745	501C3	18,000				
(3) GLOBAL CATALYTIC MINISTRIES, INC							
PO BOX 3343							SUPPORT FOR PASTORS
NAMPA ID 83653-3343			12,000				
(4) GREATER REACH, INC.							
24326 CARLTON CT							BIBLES, RELIEF AID
LAGUNA NIGUEL CA 92677	26-2621890	501C3	10,387				
(5) HEALING GRACE ARAB WORLD MINISTRY	4						
PO BOX 2126							AID FOR CHILDREN
ROCKWALL TX 75087	27-4683152	501 (3)	26,280				
(6) HUMAN FRIENDS ORGANIZATION							
3658 PRAIRIE PATH							AID FOR VIOLENCE VC
BETHPAGE NY 11714	45-1450127		70,682				
(7) INTERNAT'L CHURCH OF THE NAZARENE	2						
PO BOX 843116			0.000				PASTOR SUPPORT
KANSAS CITY MO 64184-3116	13-4241821		9,000				
(8) SERVANT GROUP INTERNATIONAL							-1 dmon drannon
506 TANKSLEY AVE		501.00	7.050				PASTOR SUPPORT
NASHVILLE TN 37211	62-1504533	501C3	7,050				
(9)							
• Fatant-t-languagh and facation FO(/a)/O		to al im Ale e l'	- 4 4-1-1-				
2 Enter total number of section 501(c)(3) and governmen		tea in the lin	ie i table				• 8
3 Enter total number of other organizations listed in the li	ne i ladie						•

(a) I VDA OF GRANT OF ASSISTANCE	(b) Number of	(c) Amount of	(d) Amount of	(a) Method of valuation (book	(f) Description of noncash assistance
(a) Type of grant or assistance	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(1) Description of noricasin assistance
RELIEF AID	6	6,979			
art IV Supplemental Information	. Provide the information	i required in Part I, lir	ne 2; Part III, colum	n (b); and any other additi	ional information.
PART I, LINE 2 - PROCEDU	JRES FOR MONITO	RING THE USE	OF GRANT FU	NDS	
CC'S REGIONAL MANAGERS	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT	
ICC'S REGIONAL MANAGERS	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
ICC'S REGIONAL MANAGERS INFORMATION FROM GRANTED FINANCIAL INFORMATION IS	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
ICC'S REGIONAL MANAGERS INFORMATION FROM GRANTED FINANCIAL INFORMATION IS	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
CC'S REGIONAL MANAGERS OF THE TRANSPORT TO THE TRANSPORT	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
CC'S REGIONAL MANAGERS INFORMATION FROM GRANTER	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
CC'S REGIONAL MANAGERS INFORMATION FROM GRANTER	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	
CC'S REGIONAL MANAGERS OF THE TRANSPORT TO THE TRANSPORT	MAKE PERIODIC	TRIPS TO THE	REGIONS AND	COLLECT OBJECTIVES.	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Open to Public

Name of the organization

INTERNATIONAL CHRISTIAN CONCERN INC

Employer identification number 52-1942990

FORM 990 - ORGANIZATION'S MISSION TO ASSIST CHRISTIANS WHO ARE VICTIMS OF PERSECUTION AND DISCRIMINATION, CALLING UPON CHRISTIANS AND OTHER RELIGIOUS FAITHS TO PROVIDE SUCH SUPPORT AND ASSISTANCE TO THOSE WHO SUFFER FROM PERSECUTION AND DISCRIMINATION BECAUSE OF THEIR RELIGIOUS FAITH, AND TO COME TO THEIR AID TO SECURE THEIR RIGHT OF FREE PRACTICE OF RELIGION, WHILE PROMOTING RELIGIOUS FREEDOM AS A

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION'S BOARD APPOINTS AN EVALUATION COMMITTEE TO RECOMMEND THE COMPENSATION FOR THE PRESIDENT OF THE ORGANIZATION. THE COMMITTEE CONSIDERS THE FOLLOWING FACTORS FOR THE PRESIDENT'S COMPENSATION AND INCREASES THEREOF: 1) COMPENSATION OF CHIEF EXECUTIVE OFFICERS IN SIMILAR MINISTRY ORGANIZATIONS AS AVAIALABLE FROM SALARY SURVEYS AND OTHER SOURCES; 2) THE RATE OF INFLATION FOR THE WASHINGTON DC METROPOLITAN AREA; 3) THE PRESIDENT'S PERFORMANCE IN THE PREVIOUS YEAR COMPARED TO BOARD EXPECATIONS, IF APPLICABLE.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION THE FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON ICC'S WEB SITE.

FUNDAMENTAL HUMAN RIGHT OF ALL PEOPLE.

Name of the organization	Employer identification number
INTERNATIONAL CHRISTIAN CONCERN INC	52-1942990
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF	INTEREST POLICIES
ARE MADE AVAILABLE WITHIN A REASONABLE TIME AFTER RECE	IPT OF A WRITTEN
REQUEST.	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 **2016**Attachment

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

(99)

INTERNATIONAL CHRISTIAN CONCERN INC

Identifying number 52–1942990

	ess or activity to which this form relates NDIRECT DEPRECIA	TON						
Pε			perty Under Sect	ion 179				
			ty, complete Part \		ı complete F	art I		
1	Maximum amount (see instruct						1	500,000
2	Total cost of section 179 prope		 ee instructions)				2	300,000
3	Threshold cost of section 179 p	oronarty hafora raductio	on in limitation (see inst	ructions)			3	2,010,000
4	Reduction in limitation. Subtract						4	2,010,000
5	Dollar limitation for tax year. Subtra				lv see instructions		5	
6		tion of property		ost (business use		Elected cost		
	(2) 2000p	aon or proporty	(2)	301 (300300 000	(b)			
7	Listed property. Enter the amou	ınt from line 29			7			
8	Total elected cost of section 17	79 property Add amour	nts in column (c) lines (Sand 7			8	
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed deduct						10	
11	Business income limitation. En	ter the smaller of husin	ass income (not less th	an zero) or line	5 (see instruct	ione)	11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduct				13			
	: Don't use Part II or Part III belo				10			
				ciation (Do	n't include lis	sted pror	nerty	v.) (See instructions.)
14	Special depreciation allowance					nou pro	<u> </u>	
	during the tax year (see instruc			271			14	
15	Property subject to section 168	(f)(1) election					15	
16	Other depreciation (including A	CRS)					16	8,565
	art III MACRS Deprec	iation (Don't inclu	ide listed property.	(See instr	uctions)			0,000
			Section A	/ (CCC IIICII)	401.01.01			
17	MACRS deductions for assets	placed in service in tax	vears beginning before	2016			17	0
18	If you are electing to group any assets p					. 🗆		<u> </u>
		455ets Flaceu III Sei v	ice During 2016 Tax	Year Using th	e General Dep		Syste	em
		(b) Month and year	vice During 2016 Tax (c) Basis for depreciation	Year Using th	-	reciation		
	(a) Classification of property				(e) Convention			(g) Depreciation deduction
19a		(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
19a b	(a) Classification of property 3-year property 5-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
	3-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
b	3-year property 5-year property 7-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
b c d	3-year property 5-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
b c d	3-year property 5-year property 7-year property 10-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	-	reciation		
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period	-	reciation (f) Metho		
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	reciation (f) Metho		
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	S/L S/L S/L		
b c d e f	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM	reciation (f) Method S/L S/L		
b c d e f	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Par Using the	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM Alternative De	S/L	od	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year	(b) Month and year placed in service ssets Placed in Service instructions.)	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Par Using the	(e) Convention MM MM MM MM Alternative De	S/L	od	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year Summary (See	(b) Month and year placed in service ssets Placed in Service instructions.)	(c) Basis for depreciation (business/investment use only–see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the 12 yrs. 40 yrs.	MM MM MM Alternative De	S/L	n Sys	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year Listed property. Enter amount f	(b) Month and year placed in service ssets Placed in Service instructions.) from line 28 2, lines 14 through 17,	(c) Basis for depreciation (business/investment use only–see instructions) ce During 2016 Tax You lines 19 and 20 in colu	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs. 29 yrs.	MM MM MM Alternative De MM	S/L	n Sys	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year 40-year Art IV Summary (See in total) Listed property. Enter amount for total. Add amounts from line 1	(b) Month and year placed in service seets Placed in Service instructions.) from line 28 2, lines 14 through 17, es of your return. Partn	(c) Basis for depreciation (business/investment use only-see instructions) Ce During 2016 Tax You lines 19 and 20 in columerships and S corporations	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 29 yrs. 40 yrs. 40 yrs.	MM MM MM Alternative De MM	S/L	n Sys	(g) Depreciation deduction

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
89	Copier Scanning Printer	6/01/09	310		310		310	0
	HP Desktop Laptop Computer - Toshiba	1/06/09 1/06/09	630 630		630 630		630 630	$\begin{array}{c} 0 \\ 0 \end{array}$
	Network Storage	11/06/09	325		325		325	0
93	Desktop Computer - Dell	9/25/09	580		580	5 MO S/L	580	0
	Toshiba Laptop Computer	11/01/10 12/01/10	600		600		600	0
	Gateway Desktop Computer Gateway Desktop Computer	5/26/10	650 421		650 421	5 MO S/L 5 MO S/L	650 421	0
97	Gateway Desktop Computer	6/06/10	250		250	5 MO S/L	250	0
	Gateway Desktop Computer	12/21/10	830		830		830	0
	Motorola Xoom Tablet Toshiba Laptop	8/25/11 8/16/11	350 734		350 734		303 637	47 97
101	HP desktop	2/24/11	728		728	5 MO S/L	705	23
	Laptop	1/23/11	400		400		393	7
	Desktop Flat Screen	1/21/11 3/15/11	385 641		385 641	5 MO S/L 5 MO S/L	379 619	6 22
	Desktop	12/01/11	750		750	5 MO S/L	750	0
	ACER Desktop	6/01/12	542		542		432	108
107/ 108	Computer Computer	3/28/12 7/05/12	530 450		530 450		398 330	106 90
109	Computer	5/14/12	500		500		367	100
	HP Touchsmart Desktop	7/18/12	808		808	5 MO S/L	553	162
111 112	Toshiba Laptop Toshiba Computer	7/19/12 8/29/12	570 1,370		570 1,370		390 913	114 274
	Camera	9/25/12	265		265		172	53
	Equipment	6/30/13	420		420		294	84
	Desktop Computer Laptop Computer-Dell	8/08/13 6/13/11	700 771		700 771	5 MO S/L 5 MO S/L	338 334	140 154
	Laptop Computer-Toshiba	3/01/13	589		589		354	118
118	Refrigerator	11/14/13	947		947	5 MO S/L	410	189
	Computer: 4B Lapton	2/25/14 2/28/14	1,058 643		1,058 643		388 236	212 129
	Computer: HP Laptop Printer: Ricoh	3/31/14	3,113		3,113		1,090	623
122	Computers: Lenovo Laptop	5/02/14	1,150		1,150	5 MO S/L	383	230
	Computers: 5 Dell Laptops	5/02/14	2,995		2,995 1,850	5 MO S/L	998 617	599 370
	Computers: 2 ASUS Desktops - ICC return Computers: 2 Dell Desktops	6/30/14	1,850 2,040		2,040		617 612	408
126	Computer: Dell Desktop	6/30/14	1,428		1,428	5 MO S/L	429	286
	Camera: Canon	10/01/14	869		869		217	174
	Computer: Dell Desktop Computer Lenovo Laptop	10/01/14 11/30/14	989 509		989 509		247 110	198 102
130	Furniture: 3 Desks	4/30/14	285		285	5 MO S/L	95	57
131	Furniture 1 Desk	4/30/14	450		450		150	90
	Furniture: Filing Cabinet Furniture: Whirlpool Refrigerator	6/30/14 10/31/14	275 275		275 275	5 MO S/L 5 MO S/L	83 64	55 55
	Furniture: 15 Chairs	8/04/15	650		650		13	130
	Furniture: Desk	8/31/15	435		435		29	87
	Fixtures: Lighting Computer HP Laptop	9/30/15 4/30/15	400 742		400 742		2 99	80 148
	Cmptr: 5 Dell Computers	6/03/15	2,365		2,365		273	473
	Camera	10/08/15	600		600		30	120
	Computer: Laptop Computers: 3 Dell Laptops	10/08/15 12/16/15	450 2,412		450 2,412		23 0	90 482
	Computer: HP Laptop	12/31/15	768		768		ő	154
143	Computer: Dell Desktop	12/31/15	1,200		1,200	5 MO S/L	0	240
	Computer: Dell Desktop Asus Transformer Book T100TAM	12/31/15 1/29/16	1,200 416		1,200 416		$0 \\ 0$	240 76
	Asus Gflaship Prem Ultra Slim	1/29/16	703		703		0	129
147	Lenovo H50-50	4/08/16	640		640	5 MO S/L	0	96
	HP Pavillion Notebook HP Envy-750-247C	4/08/16 4/08/16	742 1,060		742 1,060		$0 \\ 0$	111 159
	Asus Gflagship Laptop	6/20/16	754		754		0	75
151	Sony HDRCX675 32 GB Camcorder	6/29/16	548		548	5 MO S/L	0	55
	Samsung Galaxy Note Pro 12.2 32GB BL	7/02/16	582 665		582 665		$0 \\ 0$	58
	Acer Spin 3 N16PQ laptop Synology Disk Station 8-Bay Stg	12/08/16 12/22/16	665 901		665 901	5 MO S/L 5 MO S/L	0	11 0
	Epson EX7240 Pro W/l Proj	7/01/16	689		689		Ö	69

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Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation	_	54,527	-	54,527	- -	20,485	8,565
	Total ACRS and Other Dep	reciation _	54,527	:	54,527	=	20,485	8,565
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals		54,527 0 0 54,527		54,527 0 0 54,527	- -	20,485 0 0 20,485	8,565 0 0 8,565

All Busir	терогі 		
Description	Tax	AMT	AMT Adjustments/ Preferences
	ria of this report		
	All Busir	All Business Activities	Description Tax AMT

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Future Depreciation Report FYE: 12/31/17 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other D	epreciation:				
89	Copier Scanning Printer	6/01/09	310	0	0
90	HP Desktop	1/06/09	630	0	0
91 92	Laptop Computer - Toshiba Network Storage	1/06/09 11/06/09	630 325	$0 \\ 0$	$0 \\ 0$
93	Desktop Computer - Dell	9/25/09	580	0	0
94	Toshiba Laptop Computer	11/01/10	600	0	0
95	Gateway Desktop Computer	12/01/10	650	0	0
96 97	Gateway Desktop Computer Gateway Desktop Computer	5/26/10 6/06/10	421 250	$0 \\ 0$	$0 \\ 0$
98	Gateway Desktop Computer	12/21/10	830	ő	ő
99	Motorola Xoom Tablet	8/25/11	350	0	0
100 101	Toshiba Laptop HP desktop	8/16/11 2/24/11	734 728	$0 \\ 0$	$0 \\ 0$
101	Laptop	1/23/11	400	0	0
103	Desktop	1/21/11	385	ŏ	ő
104	Flat Screen	3/15/11	641	0	0
105 106	Desktop ACER Desktop	12/01/11 6/01/12	750 542	$0 \\ 2$	$0 \\ 0$
107	Computer	3/28/12	530	26	0
108	Computer	7/05/12	450	30	0
109 110	Computer ID Toychomort Dockton	5/14/12 7/18/12	500 808	33 93	0
110	HP Touchsmart Desktop Toshiba Laptop	7/18/12	570	66	$0 \\ 0$
112	Toshiba Computer	8/29/12	1,370	183	ő
113	Camera	9/25/12	265	40	0
114 115	Equipment Desktop Computer	6/30/13 8/08/13	420 700	42 140	$0 \\ 0$
116	Laptop Computer-Dell	6/13/11	700 771	154	0
117	Laptop Computer-Toshiba	3/01/13	589	117	0
118	Refrigerator	11/14/13	947	190	0
119 120	Computer: 3 Samsung Tablets Computer: HP Laptop	2/25/14 2/28/14	1,058 643	211 128	$0 \\ 0$
121	Printer: Ricoh	3/31/14	3,113	622	ő
122	Computers: Lenovo Laptop	5/02/14	1,150	230	0
123 124	Computers: 5 Dell Laptops Computers: 2 ASUS Desktops - ICC returned th	5/02/14 5/02/14	2,995 1,850	599 370	$0 \\ 0$
125	Computers: 2 Dell Desktops	6/30/14	2,040	408	0
126	Computer: Dell Desktop	6/30/14	1,428	285	0
127	Camera: Canon	10/01/14	869	174	0
128 129	Computer: Dell Desktop Computer Lenovo Laptop	10/01/14 11/30/14	989 509	198 102	$0 \\ 0$
130	Furniture: 3 Desks	4/30/14	285	57	0
131	Furniture 1 Desk	4/30/14	450	90	0
132 133	Furniture: Filing Cabinet	6/30/14 10/31/14	275 275	55 55	$\begin{array}{c} 0 \\ 0 \end{array}$
133	Furniture: Whirlpool Refrigerator Furniture: 15 Chairs	8/04/15	650	130	0
135	Furniture: Desk	8/31/15	435	87	0
136	Fixtures: Lighting	9/30/15	400	80	0
137 138	Computer HP Laptop Cmptr: 5 Dell Computers	4/30/15 6/03/15	742 2,365	149 473	0
139	Camera	10/08/15	600	120	ő
140	Computer: Laptop	10/08/15	450	90	0
141 142	Computers: 3 Dell Laptops Computer: HP Laptop	12/16/15 12/31/15	2,412 768	483 153	0
143	Computer: Dell Desktop	12/31/15	1,200	240	0
144	Computer: Dell Desktop	12/31/15	1,200	240	0
145	Asus Transformer Book T100TAM	1/29/16	416	83	0
146 147	Asus Gflaship Prem Ultra Slim Lenovo H50-50	1/29/16 4/08/16	703 640	140 128	$\begin{array}{c} 0 \\ 0 \end{array}$
148	HP Pavillion Notebook	4/08/16	742	149	0
149	HP Envy-750-247C	4/08/16	1,060	212	0
150	Asus Gflagship Laptop	6/20/16	754 548	151	0
151 152	Sony HDRCX675 32 GB Camcorder Samsung Galaxy Note Pro 12.2 32GB BL	6/29/16 7/02/16	548 582	109 117	$0 \\ 0$
153	Acer Spin 3 N16PQ laptop	12/08/16	665	133	0
154	Synology Disk Station 8-Bay Stg	12/22/16	901	180	0
155	Epson EX7240 Pro W/l Proj	7/01/16	689	138	0

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Future Depreciation Report FYE: 12/31/17 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		54,527	8,485	0
	Total ACRS and Other Depreciation		54,527	8,485	0
	Grand Totals		54,527	8,485	0

INTLCHRIST International Christian Concern Inc 52-1942990 Federal Depreciation (Import)

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FYE: 12/31/2016

d <u>Asset</u> t	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Group:											
89	Copier Scanning Printer	6/01/09	5.00	S/L	310.00	0.00	0.00	310.00	0.00	310.00	0.00
90	HP Desktop	1/06/09	5.00	S/L	630.00	0.00	0.00	630.00	0.00	630.00	0.00
91	Laptop Computer - Toshiba	1/06/09	5.00	S/L	630.00	0.00	0.00	630.00	0.00	630.00	0.00
92	Network Storage	11/06/09	5.00	S/L	325.00	0.00	0.00	325.00	0.00	325.00	0.00
93	Desktop Computer - Dell	9/25/09	5.00	S/L	580.00	0.00	0.00	580.00	0.00	580.00	0.00
94	Toshiba Laptop Computer	11/01/10	5.00	S/L	600.00	0.00	0.00	600.00	0.00	600.00	0.00
95	Gateway Desktop Computer	12/01/10	5.00	S/L	650.00	0.00	0.00	650.00	0.00	650.00	0.00
96 97	Gateway Desktop Computer Gateway Desktop Computer	5/26/10 6/06/10	5.00 5.00	S/L S/L	421.00 250.00	$0.00 \\ 0.00$	0.00 0.00	421.00 250.00	0.00 0.00	421.00 250.00	$0.00 \\ 0.00$
97 98	Gateway Desktop Computer Gateway Desktop Computer	12/21/10	5.00	S/L S/L	830.00	0.00	0.00	830.00	0.00	830.00	0.00
98 99	Motorola Xoom Tablet	8/25/11	5.00	S/L S/L	350.00	0.00	0.00	303.00	47.00	350.00	0.00
100	Toshiba Laptop	8/16/11	5.00	S/L	734.00	0.00	0.00	637.00	97.00	734.00	0.00
101	HP desktop	2/24/11		S/L	728.00	0.00	0.00	705.00	23.00	728.00	0.00
102	Laptop	1/23/11	5.00	S/L	400.00	0.00	0.00	393.00	7.00	400.00	0.00
103	Desktop	1/21/11	5.00	S/L	385.00	0.00	0.00	379.00	6.00	385.00	0.00
104	Flat Screen	3/15/11	5.00	S/L	641.00	0.00	0.00	619.00	22.00	641.00	0.00
105	Desktop	12/01/11	5.00	S/L	750.00	0.00	0.00	750.00	0.00	750.00	0.00
106	ACER Desktop	6/01/12	5.00	S/L	542.00	0.00	0.00	432.00	108.40	540.40	1.60
107	Computer	3/28/12		S/L	530.00	0.00	0.00	398.00	106.00	504.00	26.00
108	Computer	7/05/12	5.00	S/L	450.00	0.00	0.00	330.00	90.00	420.00	30.00
109	Computer	5/14/12	5.00	S/L	500.00	0.00	0.00	367.00	100.00	467.00	33.00
110	HP Touchsmart Desktop	7/18/12		S/L	808.00	0.00	0.00	553.00	161.60	714.60	93.40
111	Toshiba Laptop	7/19/12	5.00	S/L	570.00	0.00	0.00	390.00	114.00	504.00	66.00
112	Toshiba Computer	8/29/12	5.00	S/L S/L	1,370.00	0.00	0.00	913.00	274.00	1,187.00	183.00
113 114	Camera Equipment	9/25/12 6/30/13	5.00 5.00	S/L S/L	265.00 420.00	$0.00 \\ 0.00$	0.00 0.00	172.00 294.00	53.00 84.00	225.00 378.00	40.00 42.00
115	Desktop Computer	8/08/13	5.00	S/L S/L	700.00	0.00	0.00	338.00	140.00	478.00	222.00
116	Laptop Computer-Dell	6/13/11		S/L	771.00	0.00	0.00	334.00	154.20	488.20	282.80
117	Laptop Computer-Toshiba	3/01/13	5.00	S/L	589.00	0.00	0.00	354.00	117.80	471.80	117.20
118	Refrigerator	11/14/13		S/L	947.00	0.00	0.00	410.00	189.40	599.40	347.60
119	Computer: 3 Samsung Tablets	2/25/14		S/L	1.058.00	0.00	0.00	388.00	211.60	599.60	458.40
120	Computer: HP Laptop	2/28/14	5.00	S/L	643.00	0.00	0.00	236.00	128.60	364.60	278.40
121	Printer: Ricoh	3/31/14	5.00	S/L	3,113.00	0.00	0.00	1,090.00	622.60	1,712.60	1,400.40
122	Computers: Lenovo Laptop	5/02/14		S/L	1,150.00	0.00	0.00	383.00	230.00	613.00	537.00
123	Computers: 5 Dell Laptops	5/02/14	5.00	S/L	2,994.90	0.00	0.00	998.00	598.98	1,596.98	1,397.92
124	Computers: 2 ASUS Desktops - IC	5/02/14	5.00	S/L	1,849.97	0.00	0.00	617.00	369.99	986.99	862.98
125	Computers: 2 Dell Desktops	6/30/14		S/L	2,039.57	0.00	0.00	612.00	407.91	1,019.91	1,019.66
126	Computer: Dell Desktop	6/30/14	5.00	S/L	1,427.79	0.00	0.00	429.00	285.56	714.56	713.23
127	Camera: Canon	10/01/14	5.00	S/L S/L	869.00 989.00	0.00	0.00 0.00	217.00	173.80	390.80	478.20 544.20
128 129	Computer: Dell Desktop Computer Lenovo Laptop	10/01/14 11/30/14	5.00 5.00	S/L S/L	509.00	$0.00 \\ 0.00$	0.00	247.00 110.00	197.80 101.80	444.80 211.80	297.20
130	Furniture: 3 Desks	4/30/14	5.00	S/L S/L	285.00	0.00	0.00	95.00	57.00	152.00	133.00
130	Furniture 1 Desk	4/30/14		S/L S/L	450.00	0.00	0.00	150.00	90.00	240.00	210.00
131	Furniture: Filing Cabinet	6/30/14	5.00	S/L S/L	275.00	0.00	0.00	83.00	55.00	138.00	137.00
133	Furniture: Whirlpool Refrigerator	10/31/14	5.00	S/L	274.99	0.00	0.00	64.00	55.00	119.00	155.99
134	Furniture: 15 Chairs	8/04/15		S/L	650.00	0.00	0.00	12.50	130.00	142.50	507.50
135	Furniture: Desk	8/31/15	5.00	S/L	434.58	0.00	0.00	29.00	86.92	115.92	318.66
136	Fixtures: Lighting	9/30/15	5.00	S/L	399.95	0.00	0.00	2.22	79.99	82.21	317.74
137	Computer HP Laptop	4/30/15	5.00	S/L	741.99	0.00	0.00	99.00	148.40	247.40	494.59

INTLCHRIST International Christian Concern Inc

Federal Depreciation (Import)

FYE: 12/31/2016

52-1942990

Tax Prior Tax Sec Tax Current Tax Net d Date In Tax Tax Tax Tax Tax Asset Property Description Service Period Method Cost 179 Exp Bonus Amt Depreciation Depreciation End Depr Book Value Group: (continued) 138 Cmptr: 5 Dell Computers 6/03/15 5.00 S/L 2,365.25 0.00 0.00 273.00 473.05 746.05 1,619.20 139 Camera 10/08/15 5.00 S/L 600.00 0.00 0.00 30.00 120.00 150.00 450.00 5.00 S/L 450.00 10/08/15 0.00 0.00 23.00 90.00 113.00 337.00 140 Computer: Laptop 2,411.97 482.39 141 Computers: 3 Dell Laptops 12/16/15 5.00 S/L 0.00 0.00 0.00 482.39 1,929.58 Computer: HP Laptop 12/31/15 5.00 S/L 153.69 153.69 142 768.44 0.00 0.00 0.00 614.75 143 Computer: Dell Desktop 12/31/15 5.00 S/L 1,199.99 0.00 0.00 0.00 240.00 240.00 959.99 144 Computer: Dell Desktop 12/31/15 5.00 S/L 1,199.99 0.00 0.00 0.00 240.00 240.00 959.99 145 Asus Transformer Book T100TAM 1/29/16 5.00 S/L 416.00 0.00 0.00 0.00 76.27 76.27 339.73 Asus Gflaship Prem Ultra Slim 1/29/16 5.00 S/L 703.00 0.00 0.00 128.88 128.88 574.12 146 0.00 147 Lenovo H50-50 5.00 S/L 640.00 0.00 0.00 0.00 96.00 96.00 544.00 4/08/16 HP Pavillion Notebook S/L 111.30 148 4/08/16 5.00 742.00 0.00 0.00 0.00 111.30 630.70 HP Envy-750-247C S/L 1,060.00 0.00 0.00 159.00 901.00 149 4/08/16 5.00 0.00 159.00 Asus Gflagship Laptop 5.00 S/L 150 6/20/16 754.00 0.00 0.00 0.00 75.40 75.40 678.60 151 Sony HDRCX675 32 GB Camcorde 6/29/16 5.00 S/L 548.00 0.00 0.00 0.00 54.80 54.80 493.20 152 Samsung Galaxy Note Pro 12.2 32C 7/02/16 5.00 S/L 582.00 0.00 0.00 0.00 58.20 58.20 523.80 153 Acer Spin 3 N16PO laptop 5.00 S/L 0.00 653.92 12/08/16 665.00 0.00 0.00 11.08 11.08 Synology Disk Station 8-Bay Stg 154 12/22/16 5.00 S/L 901.00 0.00 0.00 0.00 0.00 0.00 901.00 155 Epson EX7240 Pro W/l Proj 5.00 S/L 689.00 0.00 0.00 0.00 68.90 68.90 620.10 7/01/16 54.526.38 0.00 0.00 20,484.72 8,564.31 25,477.35 29,049.03 No Group 0.00 **Grand Total** 54,526.38 0.00 20,484.72 8,564.31 29,049.03 25,477.35

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Two Year Comparison Report

ending

For calendar year 2016, or tax year beginning

Name

Taxpayer Identification Number

2015 & 2016

]	INTERNATIONAL CHRISTIAN CONCERN	INC		52-	-1942990
			2015	2016	Differences
	1. Contributions, gifts, grants	1.	2,716,545	2,190,32	2 -526,223
	2. Membership dues and assessments	2.	, ,	•	
	3. Government contributions and grants	3.			
n e	4. Program service revenue	4.		10,53	7 10,537
_	5. Investment income	5.	21,052	16,76	7 -4,285
>	6. Proceeds from tax exempt bonds	6.			
Ве	7. Net gain or (loss) from sale of assets other than inventory	7.	1,035		-1,035
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	2,738,632	2,217,62	
	13. Grants and similar amounts paid	13.	898,733	637,34	0 -261,393
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.	132,011	131,47	
ŝ	16. Salaries, other compensation, and employee benefits	16.	787,285	1,007,63	6 220,351
e	17. Professional fundraising fees	17.			
α	18. Other professional fees	18.	39,889	45,17	
Ш	19. Occupancy, rent, utilities, and maintenance	19.	121,246	121,12	8 -118
	20. Depreciation and Depletion	20.	7,141	8,56	
	21. Other expenses	21.	458,426	531,93	9 73,513
	22. Total expenses. Add lines 13 through 21	22.	2,444,731	2,483,26	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	293,901	-265,63	
	24. Total exempt revenue	24.	2,738,632	2,217,62	6 -521,006
_	25. Total unrelated revenue	25.			
텵	26. Total excludable revenue	26.	22,087	27,30	
ma	27. Total assets	27.	2,081,606	1,880,24	0 -201,366
Information	28. Total liabilities	28.	97,271	134,62	
드	29. Retained earnings	29.	1,984,335	1,745,61	9 -238,716
the	30. Number of voting members of governing body	30.	8	8	
Б	31. Number of independent voting members of governing body	31.	7	7	
	32. Number of employees	32.	25	25	
	33. Number of volunteers	33.			

Form	99	n
Form	33	ч

Tax Return History

2016

Name

INTERNATIONAL CHRISTIAN CONCERN INC

Employer Identification Number 52-1942990

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				2,716,545	2,190,322	
Membership dues						
Program service revenue					10,537	
Capital gain or loss				1,035		
Investment income				21,052	16,767	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				2,738,632	2,217,626	
Grants and similar amounts paid				898,733	637,340	
Benefits paid to or for members						
Compensation of officers, etc				132,011	131,476	
Other compensation				787,285	1,007,636	
Professional fees				39,889	45,176	
Occupancy costs				121,246	121,128	
Depreciation and depletion				7,141	8,565	
Other expenses				458,426	531,939	
Total expenses				2,444,731	2,483,260	
Excess or (Deficit)				293,901	-265,634	
			T	0 700 600	0.015.606	
Total exempt revenue				2,738,632	2,217,626	
Total unrelated revenue				1 00 005	05.007	
Total excludable revenue				22,087	27,304	
Total Assets				2,081,606	1,880,240	
Total Liabilities				97,271	134,621	
Net Fund Balances				1,984,335	1,745,619	

52-1942990	Federal Statements
	Taxable Interest on Investments
Dogovin	
Descrip	
THERESE ON THE	Amount Business Code Code Code 6/30/75 Obs (\$ or %)
INTEREST ON INVE	\$ <u>7,913</u>
TOTAL	\$ <u>7,913</u>
	Taxable Dividends from Securities
Descrip	
	Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or %)
DIVIDENS FROM SE	
TOTAL	\$ 8,854

52-1942990			F	ederal Sta	temen	its				
		Form 990,	Part IX, Line	e 11g - Other I	Fees for	Service (Non-	-employe	<u>e)</u>		
	Description		E	Total Expenses	Program Service		Management & General		Fund Raising	
TOTAL			\$ \$	13,487 13,487	\$	10,790 10,790	\$ \$	2,023 2,023	\$ \$	674 674

52-1942990	Federal Statements	
	Schedule A, Part II, Line 1(e)	<u> </u>
CONTRIBUTIONS	Description	Amount \$ 2,184,509 5,813
NONCASH TOTAL		\$\frac{5,813}{2,190,322}
	Schedule A, Part II, Line 12 - Currer	nt year
	Description	Amount
ANNUAL CONFERENCE FEES		\$ 10,537
TOTAL		\$ <u>10,537</u>