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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 20**15** Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2015 calendar year, or tax year beginning 2015, and ending 20 16 D Employer identification number C Name of organization Integrity Discipleship Partners Check if applicable Doing business as same 46-2247628 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change initial return 901-753-7954 8653 Riverchase Drive City or town, state or province, country, and ZIP or foreign postal code Final return/terminate G Gross receipts \$ Germantown, TN 38139 220,210.08 Amended return Application pending F Name and address of principal officer. H(a) Is this a group return for subordinates? Yes No Taylor Park, President H(b) Are all subordinates included? Tyes No 8740 Guyboro Cove, Germantown, TN 38139 Tax-exempt status If "No," attach a list (see instructions) **√** 501(c)(3) ◄ (insert no) ☐ 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ No subordinat None Form of organization 🗸 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 L Year of formation M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Promote religious education and discipleship V/7 internationally, encouraging Christian believers to become leaders in their communities, schools, and governments. Activities & Governance Activities include college campus meetings and church programs. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 293,198.38 220,210.08 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 46.35 37.23 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 293,244.73 220,247.31 Grants and similar amounts paid (Part IX, column A) lines 1-3). 13 284,583.00 222,041.00 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 0 Professional fundraising fees (Part IX, column (A), line 116) 16a 0 n Total fundraising expenses (Part JX, column (D), line 25) h Other expenses (Part IX, column (A), lines 1,1a-11d, 11f-24e) 17 2,745.98 4,360.42 Total expenses. Add lines 13-17 (must equal Part IX, column (A) 18 226,401.42 287,328.98 19 Revenue less expenses. Subtract line 18 from line 12 5,915.75 (6,154.11)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 13,041.43 6,887.32 Total liabilities (Part X, line 26) . 21 Net assets or fund balances. Subtract line 21 from line 20 22 13,041.43 6,887.32 Part II Signature Block examined this Aum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalty s of perju re that I h officer) is based on all information of which preparer has any knowledge true, correct and comp ration c Sign l reasure 1 Here Type or print name and to Preparer's signature Print/Type preparer's name Check 🔲 ıf **Paid** self-employed Preparer Firm's EIN ▶ Firm's name Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Cat No 11282Y

Part I	Checklist of Required Schedules			
Y	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	,	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	Ľ.	y	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	!	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
U	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			000	1 /0045

Part I	Checklist of Required Schedules (Continued)		Yes	No
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	/
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	✓	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	is a		10 P
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	✓
	<u> </u>	_	m 99 0	(2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	$\overline{}$		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 0	·····		J
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country:	· ·	å (
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		* (1
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	3	78]
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	₩ 4,	4	\$~;··
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	*.	7
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┌┶─
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	4	· nê	4,7
_	sponsoring organization have excess business holdings at any time during the year?	8 4.4	eş.	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	***	
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:	*	,	· 🎄
а	Initiation fees and capital contributions included on Part VIII, line 12].	,	zš
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		>	*
11	Section 501(c)(12) organizations. Enter:	4	*	*
a b	Gross income from members or shareholders			, l
_	against amounts due or received from them.)		4	. "
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		á	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		*	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ,
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			, &
Ь	the organization is licensed to issue qualified health plans	1	,	•
С	Enter the amount of reserves on hand		1.	*
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\ \frac{1}{\sqrt{1}}
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	n 990	(2015)

Form **990** (2015)

Part \					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· · · · ·	<u> </u>	· ·	V
Section	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	3		
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	under the directer person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 90 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:		- ,		
a	The governing body?		8a	√	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	<u>)</u>	9		1
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	enue C	ode.) Yes	Na.
10-	Did the expenient on have local chapters, branches, or affiliates?		10a	105	No 🗸
10a b	Did the organization have local chapters, branches, or affiliates?				_
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	<u>*******</u>	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12a 12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.		-	√	
13 14 15	Did the organization have a written whistleblower policy?		13	/	74. I
a b	The organization's CEO, Executive Director, or top management official		15a 15b	\	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simulation at taxable entity during the year?		160	- N. C.	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the			
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Tennessee Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.		on 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of a			, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and	records	: >	
	Jeff Nevels, 8653 Riverchase Dr., Germantown, TN 38139 (901)753-7954				

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Part Vil	Compensation of Officers,	Directors, Ti	rustees, Key	Employees,	Highest Con	npensated Emp	oloyees, and
	Independent Contractors						

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

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

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

Check this box if neither the organization noi	any related	d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.	
				(0	;)					1	
(A)	(8)	/		Posi		than c		(D)	(E)	(F)	
Name and Title	Average					is both		Reportable	Reportable	Estimated	
	hours per	office	r and	dad	irecto	or/trust	ee)		compensation from		
	week (list any hours for	악	ıns	Q	9	em	Б	from the	related organizations	other compensation	
	related	dire	풑	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ctal	9]	힣	88		(W-2/1099-MISC)		organization and related	
	line)	ੇ ਨੂੰ	altr		Key employee	ğ				organizations	
		Individual trustee or director	Institutional trustee			Highest compensated employee					
	ļ		ð			ēd					_
(1) Taylor Park - President	1										
X7.1370. CAX TIOSEON		✓		✓				0	0		0
(2) Jon Roberts - Secretary	11										
(2) toff bloods. Taxoning	4	✓		✓				0	0		0
(3) Jeff Nevels - Treasurer	† "	1		1							0
(4)	İ										_
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<u>(5)</u>											
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	(A) Name and title	(B) Average			Pos neck		than o		(D) Reportable	(E) Reportab		Estin	F) nated
		hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated employee	ee) Forme	compensation from the organization (W-2/1099-MISC)	compensatior related organizatio (W-2/1099-N	ons	oti compe from organ	nsation the ization elated
(15)													
(16)											$\neg \uparrow$		
(17)													
													
(19)			ļ		-								.
(20)					╁						_		
(21)						ļ							
(23)				ļ		 							
(24)													· · ·
(25)													
1b	Sub-total		<u> </u>	<u> </u>	<u> </u>	<u>. </u>	<u> </u>	>	0		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•		>	0		0		0 0
2	Total number of individuals (including bu reportable compensation from the organ	t not limite	d to tl					e) w	<u> </u>	ore than \$1		O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high	est compe	nsate	d 💹	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		al 5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.												n's tax
	(A) Name and business add	dress							(B) Description of s	services		(C) Compensa	ation
No co	ntractors were used.												
								-					
	Takel number of males at its account	om (implication				ا محروا	+ocl +		hone listed sh	ovo) who	* Live	(gut of the state of	#314\\\\
2	Total number of independent contract received more than \$100,000 of compensations.	sation from	the o	ut r rgar	not niza	tion	tea t	υ t1	nose listed ab	ovej wno			
												Form	n 990 (2015)

Part	VIII	Statement of Revenue		and line in this	Dort VIII		ריי
•		Check if Schedule O contains a response	or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
S, G	С	Fundraising events 1c	0				
ar la	d	Related organizations 1d	0				
S, E	е	Government grants (contributions) 1e	0				
ri S	f	All other contributions, gifts, grants,					
ğ			20,210.08				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$	0				
$\overline{}$	h	Total. Add lines 1a-1f	▶	220,210.08			
Program Service Revenue		Busin	ess Code				
Şe	2a						
Ř	b						
Š	С						
Sel	d						
Tall	e	All III	-				
rog	f	All other program service revenue . Total. Add lines 2a-2f		0			
а.	<u>g</u> 3	Investment income (including dividends,			4		* * * 4 * * * * *
		and other similar amounts)		37.23	o	n	37.23
	4	Income from investment of tax-exempt bond pro		0	0	0	
	5	Royalties	•	0	0	0	0
			Personal		1 2 8 8	'9 ** \$' A	4 , 1
	6a	Gross rents		2 A 3 8	* ••		* ; } * * * *
	b	Less: rental expenses		1 . r. 1 1 1 1 was	, × °	* * * · * · *	\$ \$ \$ \$ \$ <-
	С	Rental income or (loss)			ş	* * * *	* (* * *
	d	Net rental income or (loss)	▶	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) assets other than inventory	Other	* ** * .		* * * *	*
	ь	Less: cost or other basis and sales expenses .			*		* * * * *
	C	Gain or (loss)		1	3 - 8 - 8		
	d	Net gain or (loss)	▶	0	0	o	0
				* *		· ·	
ĭe	8a	Gross income from fundraising		. 5 42	* *		
evenue		events (not including \$		* *	14 × 4	* * *	
Œ		of contributions reported on line 1c).		*)	* '	* * *	
ē	ļ	See Part IV, line 18 a			» «	. * / * *	
Other	b	Less: direct expenses b		*		3, 7, 6	, , ,
_	C	Net income or (loss) from fundraising events	<u>s . ▶</u> _	0	, ×		0
	9a	Gross income from gaming activities. See Part IV, line 19			3 /	· *	,
	b	Less: direct expenses b				 	
	C	Net income or (loss) from gaming activities	<u> ▶</u>	0	0	<u> </u>	0
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b				ļ	
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Busin	▶	0	0	0	- 0
	44	MISCEIIAITEOUS MEVENUE BUSI			<u> </u>	 	
	11a						
	b			 	 	1	
	C	All other revenue		 		 	
	d e	Total. Add lines 11a–11d		-			<u> </u>
	12	Total revenue. See instructions		220,247,31		1	37.23
		The second of th					Form 990 (2015)

Ρā	art IX	Stat	ement of	Functional	Expenses		
_		4 (1/01	15041			An all anti-man	All adhan annon-adrama

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	28,351.00	28,351.00							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0	o							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	193,690.00	193,690.00							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors,									
	trustees, and key employees	0	0	0	0					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0	0	0	0					
7	Other salaries and wages	0	0	0	0					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0	0	0	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	0	0	0	0					
11	Fees for services (non-employees):									
a	Management	0	0	0	0					
b	Legal	0	0	0	0					
C	Accounting	0	0	0	0					
d	Lobbying	0		O	0					
e f	Investment management fees	0	* ***** O	<u>ैं। ले</u> ं - के	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column	- 0								
9	(A) amount, list line 11g expenses on Schedule O.)	0								
12	Advertising and promotion	0	0	0						
13	Office expenses	23.58	0	23.58	0					
14	Information technology	0	0	0						
15	Royalties	0	0	0	0					
16	Occupancy	0	0	0	0					
17	Travel	0	0	0	0					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings .	0	0	0						
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0						
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	0	0	0	0					
24	Other expenses. Itemize expenses not covered		4° #	- 4 4	**					
	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.)	i .			,					
а	State of TN filings	70.00	0	70.00	0					
b	Website donation fees (e-giving.com)	3,114.18								
C	Wire transfer fees (bank)	1,030.00								
d	PayPal fees	122.66			0					
e	All other expenses	0		1	0					
25	Total functional expenses. Add lines 1 through 24e	226,401.42	222,041.00	4,360.42	0					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here 🕨 🔲 if									
	following SOP 98-2 (ASC 958-720)	<u> </u>	L	ļ	<u> </u>					

Pa	irt X		·		
		Check if Schedule O contains a response or note to any line in this Par	tX	•	<u> </u>
			(A) Beginning of year		(B) End of year
$\neg \neg$	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	13,041.43	2	6,887.32
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
l	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
ļ		Complete Part II of Schedule L	0	5_	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	** * * *		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ध		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
4	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			·
		other basis. Complete Part VI of Schedule D		40-	
	ь	Less: accumulated depreciation	0		0
	11	Investments—publicly traded securities	0	11 12	0
	12	Investments – other securities. See Part IV, line 11	0	13	0
	13 14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	_13,041.43	_	6,887.32
	17	Accounts payable and accrued expenses	0	17	0,007.32
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Ś	22	Loans and other payables to current and former officers, directors,	70 94 184	**	
Liabilities		trustees, key employees, highest compensated employees, and			,
ᅙ		disqualified persons. Complete Part II of Schedule L	0	22	0
٣	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
2	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	***		
ţs	30	Capital stock or trust principal, or current funds	13,041.43	30	6,887.32
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	_	0
Ne T	33	Total net assets or fund balances	13,041.43		6,887.32
_	34	Total liabilities and net assets/fund balances	13,041.43	34	6,887.32
					Form 990 (2015)

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.

За

3h

Form **990** (2015)

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

2015

Open to Public Inspection

Name	or die organization					Lipioyer identification	i ildiildei
	rity Discipleship Partners	St. Ctatus (All		comple	ta thia m	46-22	
Par	Reason for Public Char organization is not a private founda						ons.
1	organization is not a private lounda A church, convention of church		-		-		
2	☐ A school described in section						
3	☐ A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	n operated in co					(iii). Enter the
5	☐ An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6 7	☐ A federal, state, or local govern An organization that normally described in section 170(b)(1):	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in			Part II.)			
9	☐ An organization that normally				rom con	tributions, members	hip fees, and gross
	receipts from activities related support from gross investme	to its exempt	functions-subject to	certain	exceptioi	ns, and (2) no more	than 331/3% of its
	acquired by the organization a						A) II OIII DUOIII COOCO
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
11	☐ An organization organized and						
	one or more publicly supported the box in lines 11a through 11a	•					· · · · ·
а							
	the supported organization(s organization. You must com			ct a majo	rity of the	e directors or trustee	es of the supporting
b	_ <i>;</i> 5 5						
	control or management of the organization(s). You must co			ie same p	ersons tr	nat control or manaç	je tne supported
c		- ·		ted in cor	nection v	with, and functionall	y integrated with,
	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.	
d	Type III non-functionally integral that is not functionally integral requirement (see instructions)	ated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and	
e	Charles to the constate a second	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	II, Type III
f							
g			T			r	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)		-					
(E)						-	
Tota	al		j du ng d		ξ,		

Part II

Part l	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calend	lar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	ınclude any "unusual grants.")			67,032.00	293,198.38	220,210.08	580,440.46
2	Tax revenues levied for the						
	organization's benefit and either paid			_		_	
	to or expended on its behalf			0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			ا			•
	-			67,032.00	<u> </u>	220,210.08	580,440.46
4	Total. Add lines 1 through 3			67,032.00	293, 196.36	220,210.08	560,440.46
5	The portion of total contributions by	, ,	<i>***</i> **				
	each person (other than a governmental unit or publicly					**************************************	
	governmental unit or publicly supported organization) included on	*					
	line 1 that exceeds 2% of the amount		1	\$ 1 .		(4) 44.)	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			1.0	4 2 3 2 4	11111	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			67,032.00	293,198.38	220,210.08	580,440.46
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			11.99	46.35	37.23	95.57
9	Net income from unrelated business						
	activities, whether or not the business				_	_	_
	is regularly carried on			0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)			١ .			
44	Total support. Add lines 7 through 10	, ,	2	0	<u> </u>	, · ·	580,536.03
11 12	Gross receipts from related activities, etc	: (see instructi	1≫ * ons)	1		12	580,440.46
13	First five years. If the Form 990 is for t				. or fifth tax v		
	organization, check this box and stop he	-					`▶ ☑
Secti	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2015 (line	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2014 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test - 2015. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
	box and stop here. The organization qua						
b	331/3% support test—2014. If the orga	inization did n	of check a bo	x on line 13 oi	r 16a, and line		
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test –2	2015. If the org	anization did n	of check a box	on line 13, 16	ia, or 165, and	line 14 is
	10% or more, and if the organization me Part VI how the organization meets the	eets the facts	-and-circumsta	et The organiz	eck triis box ar ation qualifies	as a publicly s	explain in
	organization	iacis-ariu-circ	umstances te	st. The organiz	ation qualifies	as a publicly s	. ► <u></u>
_	10%-facts-and-circumstances test—2						
b	15 is 10% or more, and if the organization	ation meets th	e "facts-and-c	arcumstances"	test, check th	ns box and et	op here.
	Explain in Part VI how the organization in	meets the "fact	ts-and-circums	stances" test. T	he organization	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization of						
	instructions						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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Name o	of the organization				Ewbi	oyer identification number
Integri	ity Discipleship Partners					46-2247628
Part	General Information Form 990, Part IV, line 1		es Outside 1	the United States. Comp	plete if the organizatio	n answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' elig	gibility for the	e grants or as	sistance, and the selection	n criteria used to awai	rd the
	grants or assistance?					· · ☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its	grants and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type service(s) in region	expenditures for
(1)	Czech Republic	0	0	Program seervices	Discipleship / training	181,915.00
(2)	Romania	0	0	Program services	Discipleship / training	11,775.00
(3)				<u> </u>		
(4)					<u> </u>	
(5)						
(6)					<u> </u>	
(7)						
(8)						
(9)						
(10)						
(11)			•			
(12)						
(13)		_				
(14)						
(15)						
(16)			-			
(17)		-				122.22
3a b				3	* *	193,690.00

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

Par	III G	rants	and Other A	ssistance to Org	anizations or Entitions eceived more than \$	es Outside the 5,000. Part II ca	United States. Con n be duplicated if a	mplete if the organ	ization answered "Ye needed.	
1	(a) Nam organiza	e of	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) ⁸	***	4	3 · 3 ·	Czech Republic	Staff salanes/program	91,265.00	wire transfer	0		
(2)	绿	1	<i>à il</i> , 1	Czech Republic	Church programs	55,850.00	wire transfer	0		
(3)	y" (\$	*	: 134	Czech Republic	Construction/salary	34,800 00	wire transfer	0		
(4)	₹,	ih		Romania	Church programs	11,775.00	wire transfer	0		
(5)										
(6) (6)	* C 2.									
(6) (7)	6 -\$3	1194								
(8)	1	ikî • ´								
(9)		, 4 /3, 2								
(10)	. \$ \$. Å								
(1,1),	\$ *	Ì,	10							
(12)			W. Carrie							
(13)	Ŷ.	3-9 44		,						
(14)	· · • § `	\$,	Arill's	,						
(15)	, .	, (%)	832 33 B							
(16)	· 16	**	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
2	Enter by the	total nu e IRS, o	mber of recipi	ent organizations lis grantee or counsel	sted above that are rec has provided a section	ognized as charit o 501(c)(3) equival	ies by the foreign cou ency letter	untry, recognized as	tax-exempt	4

Part III Grants and Other As Part III can be duplica	sistance to Individ	uals Outside ace is needed.	the United State	s. Complete if the	organization ans	wered "Yes" on Form 99	0, Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) NA							
(2)							
(3)							
(4)							
(5)		_					
(6)							
(7)							
(8)							
(9)							
(10)				ļ.			
(11)							
(12)		_					
(13)							
(14)							
(15)		<u> </u>					
(16)	·			1			
(17)							
(18)							

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

	Form 990) 2015 Page
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).
To receive	grant funds, foreign organizations must complete a grant application. The board of Integrity Discipleship Partners reviews the
application	in detail to ensure the requesting organization meets the mission and purpose criteria. If the application is approved and funds
	d the section of the second section of the fallowing seconds are a secil back.
are provide	ed, the receiving organization must provide the following reports on a semi-annual basis:
a. Grant	t Project Report - a narrative describing organization activities, goals achieved since the last report, objectives for the next
reporting p	period, and challenges faced in meeting stated goals.
b. Gran	at Fund Transaction Report - a spreadsheet listing the funds transferred to the receiving organization with a section for the
organizatio	on to detail how the funds were used.
organization	on to deal montane raines were asset.
These repo	orts are reviewed by the treasurer and findings reported at the next board meeting. In addition to the above reports, at least one
board men	nber travel to the Czech Republic each year and meet with receiving organization leaders there to observe organization
activities,	particularly with the largest recipient, Integrity Life located in Brno.

*	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047 2015

Open to Publi Inspection

Employer identification number

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

Integrity Discipleship Partners	ipleship Partners	Assistance	:				46-2247628
t Does the organization maintain records to substantiate the art the selection criteria used to award the grants or assistance?	aintain records to substants of to award the grants of anization's procedure	stantiate the amount assistance?	ate the amount of the grants or assistance, the grantees sistance?	assistance, the gr	rantees' eligibility	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Occarbe in Dark IV the organization's procedures for monitoring the use of grant funds in the United States.	e, and
T Constitution	Grants and Other Assistance to Domes 990. Part IV, line 21, for any recipient that	mestic Organiz	ations and Dom ore than \$5,000.	estic Governm Part II can be du	ents. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CORD Ministries International 340 W Wickenburg Way, Ste. A-67	45-3813499		28,351.00	0	0 N/A	N/A	Support for pastor of
(2) Wickenburg, AZ 85390							International Church of
(6)							Prague, Czech Republic
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ction 501(c)(3) and gover organizations listed	vernment organizat in the line 1 table	lions listed in the li	ne 1 table			1
For Paperwork Reduction Act Notice, see the Instructions for	tice, see the Instruction	s for Form 990.		ర	Cat No 50055P		Schedule I (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Integrity Discipleship Partners

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

Open to Public Inspection

Employer identification number

46-2247628

Form 990 Part III, line 4d: \$28,351.00 donated to CORD Ministries, a U.S. non-profit organized to support those involved in overseas ministry
whose mission is similar to Integrity Discipleship Partners. Also, \$7,185.00 was donated to Eclesia and \$4,590.00 donated to Way of Joy, both
ministries in Romania whose respective purposes are in line with that of Integrity Discipleship Partners.
Form 990 Part VI, line 11b: the final version of the annual Form 990 is presented to the directors and reviewed in detail at a board meeting.
Form 990 Part VI, line 12c: the Conflict of Interest Policy clearly outlines each board members' duty to report an actual or possible conflict
of interest to the other board members for evaluation and disposition. This policy is reviewed and affirmed annually by all board members.
Form 990 Part VI, line 15a & 15b: none of the organization's board members or directors receive compensation.
Form 990 Part VI, line 19: the statement "Copies of governing documents, the conflict of interest policy, and financial statements are
available upon request. Requests can be forwarded to integrity discipleship partners@gmail.com" is posted to donation receipts and the
e-giving.com donation website.
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