

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **99**0

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public

Inspection

For the 2016 calendar year, or tax year beginning 20 17 2016, and ending July 1 D Employer identification number Check if applicable C Name of organization Integrity Discipleship Partners Address change Doing business as 46-2247628 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 8653 Riverchase Drive 901-831-5122 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 278,354.64 Amended return Germantown, TN 38139 F Name and address of principal officer Application pending Taylor Park, President H(a) Is this a group return for subordinates? Yes Mo H(b) Are all subordinates included? Tyes No 8740 Guyboro Cove, Germantown, TN 38139 If "No," attach a list (see instructions) 501(c)(3) 501(c) (◄ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ L Year of formation M State of legal domicile Briefly describe the organization's mission or most significant activities: Promote religious education and discipleship Governance internationally, encouraging Christian believers to become leaders in their communities, schools, and governments. Activities include college campus meetings and church programs. 2 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) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . 220,210.08 278,354.64 Revenue Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 37.23 43.39 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 278,398.03 220,247.31 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 222,041.00 269,825.00 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,360.42 5,657<u>.2</u>7 Total expenses. Add lines 13-17 (must equal Part IX, dolumn (A) Air (e 18 226,401.42 275,482.27 19 Revenue less expenses. Subtract line 18 from line 12/50 (6,154.11)2,915.76 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 6,887.32 9,803.08 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 6,887.32 9,803.08 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and Sign reasurer Here Type or print name and titl Print/Type preparer's name Preparer's signature Paid Check [] If self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address > Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No

	0 (2010	<u> </u>
art	Ш .	
		Check if Schedule O contains a response or note to any line in this Part III
1		ly describe the organization's mission.
		tote religious education and discipleship internationally, encouraging Christian believers to become leaders in their
	comi	nunities, schools, and governments.
2	Did	the organization undertake any significant program services during the year which were not listed on the
2	Drior	
3		es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program
•		ces?
		es," describe these changes on Schedule O.
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
•		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
		otal expenses, and revenue, if any, for each program service reported.
4a	(Coc	le:) (Expenses \$ 123,191.00 including grants of \$ 123,191.00) (Revenue \$ 0)
		rity Life, Czech Republic. Outreach programs to university students in the Czech Republic and Slovakia.
		oximately 3,500 students participated in English camps, sports camps, student conferences, and Bible studies.
		oximately 100 students were mentored by In-Life staff members and student leaders. [Foreign organization.]
4b	(Cod	de:) (Expenses \$56,967.00 including grants of \$56,967.00) (Revenue \$)
	Inter	national Church of Prague (located in Prague, Czech Republic) provides religious celebration, worship services, spiritual
		ation to children and adults, and relational coaching to strengthen the common good of the congregation averaging 250 people
		week including many U.S. expatriates. Other services include food and shelter to homeless individuals, and ministry to
	refug	gees and victims of human trafficking. [Foreign organization.]
		······································
4c	(Coc	de:) (Expenses \$ 36,797.00 including grants of \$ 36,797.00) (Revenue \$)
		D Ministries a U.S. non-profit organization supporting those involved in overseas ministry, including the pastor of the
		national Church of Prague. Their mission is similar to that of Integrity Discipleship Partners
	111101	Transfer of the second of the

4d		er program services (Describe in Schedule O.)
	<u> </u>	penses \$ 52,870.00 including grants of \$ 52,870) (Revenue \$ 0)
4e	Tota	ll program service expenses ► \$269,825.00

Form 99	<u></u>		P	age 3
Part	V . Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>✓</u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_]	✓_
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	_ <u></u>		<u> </u>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ì	
-	"Yes," complete Schedule D, Part I	6		✓
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.			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9_		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		3	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		✓
D	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		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16 .	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
, 18 ₍	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		_	- QQ() (2016

Form 99			F	age 4
Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	√
_	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	✓	
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		\ \ \
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b	-	V
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
	19? Note. All Form 990 filers are required to complete Schedule O.	38 For	m 99 €	0 (2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance		
	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		
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
·	reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		W.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	200 200 21 4
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	/ 3a	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? 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	1
b	If "Yes," enter the name of the foreign country: ▶	8.30	100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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	
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	6b	-
7	Organizations that may receive deductible contributions under section 170(c).		S 9854
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	
	required to file Form 8282?	7c	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71	17
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		äLia
•	sponsoring organization have excess business holdings at any time during the year?	8	
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	النظالات
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+
10	Section 501(c)(7) organizations. Enter:		18. Y
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	25.7%	
11	Section 501(c)(12) organizations. Enter:		
a b	Gross income from members or shareholders		
	against amounts due or received from them.)	3-30	1 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	·	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
L	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		
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	-
b	The state of the s	14b	
		Form 9	90 (2016)

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI	ee instr	uctic	ons.
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		/es	No
2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	_	<u>√</u>
5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	5 6		\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}}}{\frac{
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		<u>·</u> ✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a b 9	The governing body? Each committee with authority to act on behalf of the governing body? 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	8a 8b	V	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		/	
13 14 15	Did the organization have a written whistleblower policy?	13	✓	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	✓	
b	with a taxable entity during the year?	16a 16b		/
	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, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Jeff Nevels, 8653 Riverchase Drive, Germantown, TN 38139 (901) 831-5122	cords:	>	

Pa	a	Δ	4

Form **990** (2016)

Form	200	/201	6
COLLI	331	1/01	n

		. ugu .
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	. Г

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.											
(A)	(B)	(do n	ot ch	Pos	tion	than c	nne.	(D)	(E)	(F)	_
Name and Title	Average hours per week (list any	box, u	unies er and	s pe dad	rson	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Taylor Park - President	11	1		1				0	0		0
(2) Dr. Jon Roberts - Secretary	11	√		1				0	0		0
(3) Jeff Nevels - Treasurer	4	1		✓				0	0		0
(4)											-
(5)											_
(6)	 										
(7)	L										_
(8)			_								
(9)							L	<u> </u>			_
(10)					_						
(11)				L		<u> </u>					
(12)			L		_						
(13)											_
(14)	<u> </u>	}									

Part	Part VII .Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title		(B) Average hours per week (list any	box, to	Position (do not check more that box, unless person is be officer and a director/tn				an ee)	Reportable compensation	(E) Reportable compensation fr		(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)												
(17)				-								
(18)				-	-	-		r	<u> </u>		_	
(19)						-		-				·
(20)				_				_				
(21)				-	-	-		-				
(22)					-	-		1			_	
				-	-	-		-				
(24)			-	H	\vdash	-	-	-	-			
(25)			-			├		 				
1b c d	Sub-total	VII, Sectio	n A					> > >	0		0	0
_ <u>u</u>	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w				 _
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emį		nest compe	nsate	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 🗸
	on B. Independent Contractors							_			- 010	0.000 - (
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) (B) (C) Name and business address Description of services Compensation											
No co	ntractors were used.							F				
								F				
	Total number of independent contract	ore (include	na h		10*	lum:	tod •		hose listed ab	ova) who	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	a kin Tekko sa Lot 11 - kin ki (2)
2	Total number of independent contractor received more than \$100,000 of compens									Ove) WIIO		

ra	rt VIII								· · · · · · · · · · · · · · · · · · ·	<u> </u>
	·	Check if Schedule	O contains	a res	sponse or note	to any line in th	is Part VIII			Г
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under sectiol 512-514	tax
ints	2 1a	· odorated campaigi	ns	1a		0	101000		512-514	
g g	g b	morno or or rip dago		1b		ol .				•
ts,	₹ C			1c		o				
<u> </u>	i d					ol				
Sir.	e	to the granto to	ntributions)	1e		0				
it i	, r	All other contributions,	gifts, grants,			7				3
훈	š _	and similar amounts not in		1f	278,354.6	4		1		
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Noncash contributions inclu	ided in lines 1a	-1f [.] \$		0				
	' ''	Total. Add lines 1a-	<u> </u>	<u> </u>	· · · · •	278,354.64	4			
en.	2a				Business Code					
ě	Ь р					 				
<u>.</u> 2	c					 	 			
Š	d						 	-	 	
Ĕ	е	*			<u> </u>	 	 		 	
Program Service Revenue	f	All other program ser	vice revenu	e .			 	 	 	_
<u> </u>	g	Total. Add lines 2a-2	2f		>) Y. % & A			
	3	Investment income	(including					3,000,000,000,000,000,000,000,000,000,0	T	
		and other similar amo	-			43.39	<u>.</u>	o c	<u>,</u>	43.39
	5	Income from investmen	it of tax-exen	npt bo	ond proceeds ▶			0 0		10.00
	3	Royalties	(i) Real	•		0		0		
	6a	Gross rents	(i) Neai		(ii) Personal					and A
	Ь	Less: rental expenses								
	C	Rental income or (loss)								
	d	Net rental income or	(loss)			4.				20
	7a	Gross amount from sales of	(i) Securitie	es .	(II) Other	. 0		0	1 101 1100 - 20	0
	İ	assets other than inventory								
	Ь	Less: cost or other basis								
		and sales expenses		_						
	С	Gain or (loss)								
	d	Net gain or (loss) .		٠,	. <u></u> . ▶	о		0		لىتتك
Revenue	8a	Gross income from fu	ndraisina	Ì						
ĕ		events (not including \$	ridialsing	l						
Pe e	1	of contributions reporte	ed on line 1c	- 1						: 🔊
		See Part IV, line 18 .		a		v. va.	1. 2.			1
Other	ь	Less: direct expenses		ь		* * * .		1 * * * * * * * * * * * * * * * * * * *	4 **	_*\
	С	Net income or (loss) fr	om fundrais	sing e	events . >	0			<u> </u>	لگ
	9a	Gross income from ga	ming activiti	es. [0		0
		See Part IV, line 19 .				* "			, ,	e
	b	Less: direct expenses		b						
	10a	Net income or (loss) fr Gross sales of in	om gaming	activ	rities ▶	0	0	0)	·
	104	returns and allowance	-							Ť
	ь	Less: cost of goods so								1
	c	Net income or (loss) fr	om sales of	b_	ntony N					
ĺ	_ <u>-</u> -	Miscellaneous Re		1106	Business Code	0	0	0		0
	11a			\dashv						
	b			┈ ├						
	C			-						
ŀ	d	All other revenue .		-						
J	е	Total. Add lines 11a-1	1d		▶					
	12	Total revenue. See in:	structions.		▶ Ì	279 200 02				1

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 respon			<u> </u>	<u> </u>					
	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	36,797.00	36,797.00	\$						
2	Grants and other assistance to domestic			,,						
	individuals. See Part IV, line 22	o	o	(`,;)						
3	Grants and other assistance to foreign			*, ** , ,						
	organizations, foreign governments, and foreign			, 4,						
	individuals. See Part IV, lines 15 and 16	233,028.00	233,028.00	*						
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors,									
	trustees, and key employees	o	o	o	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)	o	0	o	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)	о	0	o	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	0	0	0	0					
11	Fees for services (non-employees):									
а	Management	o	. 0	0	. 0					
b	Legal	0	0	0	0					
C	Accounting . , . ,	0	0	0	0					
d	Lobbying	0	0	0	0					
е	Professional fundraising services. See Part IV, line 17	0			0					
f	Investment management fees	0	0	0	0					
g	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0					
12	Advertising and promotion	0	0	0	0					
13	Office expenses	89.92	0	89.92	0					
14	Information technology	0	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						
19	Conferences, conventions, and meetings .	0	0	0	0					
20	Interest	0	0	0	0					
21 22	Payments to affiliates	0		0	0					
23	Insurance	<u>-</u> -	0	0	0					
23 24	Other expenses. Itemize expenses not covered	0	0	0	0					
24	above (List miscellaneous expenses in line 24e If	·	3	· .						
	line 24e amount exceeds 10% of line 25, column			* *	₹					
	(A) amount, list line 24e expenses on Schedule O.)									
а	State of TN filings	180.00	0	180.00						
b	Website fees (e-giving.com)	3,869.35		3,869.35						
c	Wire transfer fees (bank)	1,375.00								
d	PayPal fees	143.00	0							
e	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e	275,482.27	269,825.00							
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									
	following SOP 98-2 (ASC 958-720)]]						

P	art X	Balance Sheet				
_	•	Check if Schedule O contains a response or	note to any line in this Pa	rt X		
				(A) Beginning of year		(B) End of year
	1			6,887.32	2	0
	2		Savings and temporary cash investments			
	3	Pledges and grants receivable, net		0	3_	0
	4	•		0	4	0
S	5	Loans and other receivables from current and trustees, key employees, and highest co- Complete Part II of Schedule L	mpensated employees.	0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contributing employers and tary employees' beneficiary	0	6	0
Assets	7	Notes and loans receivable, net		0	7	0
Ž.	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
į	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		•	* * *
	b	Less: accumulated depreciation	10b	0	10c	0
	11	• •		0	11	0
	12	Investments—other securities. See Part IV, line		0		0
	13	Investments-program-related. See Part IV, line		0	13	0
	14	Intangible assets	0	_	0	
	15	Other assets See Part IV, line 11	0		0	
	16	Total assets. Add lines 1 through 15 (must equa		6,887.32		9,803.08
	17	Accounts payable and accrued expenses			17	0
	18	Grants payable			18	0
	19	Deferred revenue		0		0
	20	Tax-exempt bond liabilities		0		0
	21	Escrow or custodial account liability. Complete		0	21	0
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu	sated employees, and		22	
Lia	23	Secured mortgages and notes payable to unrela		0		0
_	24	Unsecured notes and loans payable to unrelated		0		0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	payables to related third	0		0
	26	Total liabilities Add lines 17 through 25			26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an), check here ► 🔲 and	100		
anc.	27	Unrestricted net assets		0	27	0
ğ	28	Temporarily restricted net assets		0	_	0
9	29	Permanently restricted net assets		0	 	0
Net Assets or Fund Balances)	Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds		6,887.32	30	9,803.08
SSe	31	Paid-in or capital surplus, or land, building, or e		0		
۲	32	Retained earnings, endowment, accumulated in		0	32	0
Ž	33	Total net assets or fund balances		6,887.32	33	9,803.08
_	34	Total liabilities and net assets/fund balances .	<u> </u>	6,887.32	34	9,803.08
						Form 990 (2016)

_	4
Page	72

Form 99	90 (2016)			Pag	e 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		278,39	8.03
2	Total expenses (must equal Part IX, column (A), line 25)	2		275,48	32.27
3	Revenue less expenses. Subtract line 2 from line 1	3		2,91	15.76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,88	37. <u>32</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9,80	03.08
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>·_·</u>	<u></u>	<u></u>	<u> </u>
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2.2.2	Yes	No V
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:				
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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 audit separate basis, consolidated basis, or both:	 ed on	. 2b		<u>/</u>
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, experiences.	untant	? 2c	Man Man	
0	Schedule O.	-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. 3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ne 3b		
			Fon	n 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

aritable trust

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

vame	ame of the organization Employer identification number								
ntegr	rity Discipleship Partners					46-224			
Par	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instruction	ns.		
The c	organization is not a private foundat	ion because it is	s: (For lines 1 through	12, chec	k only on	e box.)			
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 170)(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 d	or 990-EZ	<u>).)</u>			
3	A hospital or a cooperative hos	pital service org	anization described in	section	170(b)(1)(A)(iii).			
4	A medical research organization	n operated in co	njunction with a hosp	ital descr	ibed in s e	ection 170(b)(1)(A)(i	iii). Enter the		
	hospital's name, city, and state	:							
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described in		
6	☐ A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(h)((1\(Δ\(υ\.			
7	An organization that normally r described in section 170(b)(1)(receives a subst	tantial part of its supp				the general public		
8	A community trust described in	• • • • •	•	Part II.)					
9	An agricultural research organia	zation described	i in section 170(b)(1)(A)(ix) ope	erated in	conjunction with a la	and-grant college		
	or university or a non-land-gran	nt college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or		
	university:	****							
10	An organization that normally re	eceives: (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross		
	receipts from activities related support from gross investment	to its exempt fur	nctions—subject to co	ertain exc	eptions,	and (2) no more than	7 331/3% Of Its husinesses		
	acquired by the organization af	ter June 30. 197	75. See section 509 (a)(2). (Con	nplete Pa	rt III.)	DUSTICSSES		
11	☐ An organization organized and		•		•	,			
12	An organization organized and	=		-			rv out the purposes		
	of one or more publicly suppo	•	•			•	•		
	Check the box in lines 12a throi								
а	☐ Type I. A supporting organi	zation operated	, supervised, or contr	olled by r	ts suppor	ted organization(s).	typically by giving		
	the supported organization	•		•		• • • • • • • • • • • • • • • • • • • •			
	supporting organization. Yo								
b	☐ Type II. A supporting organ	nzation supervis	ed or controlled in co	nnection	with its s	unported organization	on(s) by having		
	control or management of t								
	organization(s). You must o						3		
С	~~ · · · · · · · · · · · · · · · · · ·	=			onnection	with, and functiona	ally integrated with.		
·	its supported organization(s						, .		
d	☐ Type III non-functionally in	ntegrated. A sui	pporting organization	operated	l in conne	ection with its suppo	orted organization(s)		
	that is not functionally integ	_		•		• • •	• , ,		
	requirement (see instruction								
е		-	-		-		all Type III		
Ū	functionally integrated, or T						s II, Type III		
f	Enter the number of supported o	• •			•				
g	5	-							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
		,,	(described on lines 1-10	listed in you	ir governing	support (see	other support (see		
			above (see instructions))	docur	nent?	instructions)	instructions)		
				Yes	No				
									
(A)				i					
				 					
(B) 			L						
(C)									
(D)									
					 -				
(E)									
	 		ļ. —————	 	 	 	 		

•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	T					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not					, ,	
_	ınclude any "unusual grants.")		67,032.00	<u>293,</u> 198.38	220,210.08	278,354.64	<u>858,795.10</u>
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the	1	,				
	organization without charge		0	0	0	0	0
4	Total. Add lines 1 through 3		67,032.00	293,198.38	220,210.08	278,354.64	<u>858,795.10</u>
5	The portion of total contributions by		3 4	*	** %		
	each person (other than a	in and the					
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			19 2 h			
6	Public support. Subtract line 5 from line 4				\$ 5.55E \$		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		67,032.00	293,198.38	220,210.08	278,354.64	858,795.10
8	Gross income from interest, dividends,	1			1		
	payments received on securities loans,						
	rents, royalties and income from similar	1	Ì			1	
	sources		11.99	46.35	37.23	43.39	138.96
9	Net income from unrelated business	1	Ì	1	1	i	
	activities, whether or not the business		l				
	is regularly carried on		o	0	0	0	0
10	Other income. Do not include gain or	1			[
	loss from the sale of capital assets						
	(Explain in Part VI.)	5 M 5 M 10	0	0	0	0,	0
11	Total support. Add lines 7 through 10			end think		3,, 3,,	858,934.06
12	Gross receipts from related activities, etc					12	858,795.10
13	First five years. If the Form 990 is for the						
~ .:	organization, check this box and stop he		<u>· · · · · </u>	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>		· · P 🗸
	on C. Computation of Public Suppo					, , ,	
14	Public support percentage for 2016 (line					14	%
15	Public support percentage from 2015 Sc	hedule A, Part	II, line 14			15	%
loa	331/3% support test—2016. If the organ	lization did not	check the box	x on line 13, ai	nd line 14 is 33	31/3% or more,	check this
L	box and stop here. The organization qua						
D	331/2% support test - 2015. If the organ						ore, check
	this box and stop here. The organization			=			· · • 🗀
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization m						
	Part VI how the organization meets the	racts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	
_	organization						. ▶ 🗆
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization				•	on qualifies as	a publicly
46	supported organization						🏲 🗌
18	Private foundation. If the organization d	iia not check a	pox on line 13	, 16a, 16b, 17a	a, or 1/b, chec	k this box and	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 tes	sts listed belo	w, please co	mplete Part	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")					ll	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose			l			
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						
	·				<u> </u>	 	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	Į į					
_	•					<u> </u>	
6	Total. Add lines 1 through 5	i			 _	 	
7a	Amounts included on lines 1, 2, and 3	1		1		1	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	[
	received from other than disqualified	l i				j	
	persons that exceed the greater of \$5,000)				j	
	or 1% of the amount on line 13 for the year	l					
C	Add lines 7a and 7b]	
8	Public support. (Subtract line 7c from				707		
_	line 6.)	* * * * *	8 7 7		1 2 2	#	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				`		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .	<u> </u>	1		•	1	
b	Unrelated business taxable income (less	<u>-</u>				 	
	section 511 taxes) from businesses					1 1	
	acquired after June 30, 1975	1				1	
С	Add lines 10a and 10b					 	
11	Net income from unrelated business					 	
••	activities not included in line 10b, whether	ļ				(
	or not the business is regularly carried on]	
12	Other income. Do not include gain or					 	
12	loss from the sale of capital assets	}				1	
	(Explain in Part VI.)	4			ļ	, ,	
13	Total support. (Add lines 9, 10c, 11,	 	 	 	 	 	
.5	and 12.)	1				[
14	First five years. If the Form 990 is for the	he organization	's first secon	d third fourth	or fifth tay w	lear as a section	501(c)(3)
	organization, check this box and stop he	_		•	•		
Sacti	on C. Computation of Public Suppo			· · · · ·			<u> </u>
15	Public support percentage for 2016 (line			2 column (fl)		15	
	Public support percentage for 2010 (infe-					16	
16 Secti	on D. Computation of Investment In					1 10	
17	Investment income percentage for 2016			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 201:			-		18	
100	331/3% support tests - 2016 If the organ	บาลรับกา คเค กกร	Check the nov	X ON IMP 14 3	110 11110 15 15 1	HORE MAIL ANDS	
19a	331/3% support tests – 2016. If the organ 17 is not more than 331/3%, check this box						
	17 is not more than 3318%, check this box	and stop here.	. The organizatı	on qualifies as	a publicly supp	orted organizatı	on . 🕨 🔲
19a b		and stop here zation did not d	. The organizati theck a box on	on qualifies as line 14 or line	a publicly supp 19a, and line 1	oorted organizatı 6 is more than 3	on . $ ightharpoons \Box$ 31/3%, and

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. A	All S	Supporting	Organizations
--------------	-------	------------	----------------------

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

		res	INO
ıng	,	wall	, A
	"	.99	*
by		V ,	*
	1 1		
		A. 1	77
tus	3,2	* 1	3
ted	8	5.46	
·cu			
	2		
ver	*	8	2) 4, 8
vei			التعقب
	3a		
	, %		. P. T. W.
and	/	;	. 1
the	25.1	غ ``	
		***************************************	******
	3b		
)(B)	le 1	فثك	3 4
,, ,		المحمد المسا	
	3c	L	
? If		A	1.7
		اللائدة المساهدة	20.54.2
	4a	L	
eign	382		
_		They	100
ion	متك		
	4b		
			430C 7204
tion			
sed	y 31		
			5.70
)(B)	1		
	4c		
es,"			
ΕIN	2 3		
	D. 18	W 76	4 . 1
ion;			14:79
tion		165°	130. T
	200	دعظالا	المستشا
	5a	ŀ]
ady	2		2 38 5
,	makedita	2000.	السديتشا
	5b		<u> </u>
	5c	1	
٠	W 11- 100	2,5" 1 35"	5-2-18-4
) to	7.33	5.5	1.32
ited			4,000
tor	à `#		[N. P]
LOI		100	
	6	I	
	51858	Summir .	12 VX
utor			10: 4
vith	E CONTY	1254.35	35.
	1-2-	**************************************	1334-3
	7		
7?		3×	1.7
	-100-0-	X	
	8	L	
ore	1 / A	1/2	
bed		i X	1.43
	9a	[
	2.0		7 29
nich			3,7
	9b	1	
nefit		 	
ient		 	
	9c	1	
		 	
tion	1	1	
ated	1	1	
	100	1	1'
	10a	₩	
, to	1	1	
	104	1	
	10b	Ц	
(Form	000 0	000 E	Z) 2016

D	
Paue	•

	e A (Form 990 or 990-EZ) 2016			age 3
Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ź	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7	ř	
	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,	, 3,5		[[
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	*		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	7 0		1 22
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	2.35	¥",	1.5
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			31
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	3. 5	1	· .)(4
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	38 7 S	7588° yi	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Sec.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	0.1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ž	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	27.00	2. 10	0.3
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)			e sela
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	Said Lill	- 61
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			18
	supported organizations played in this regard.		1000	
Coati		3		<u></u>
Secu	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ın	struc	tions).
_				
2	Activities Test. Answer (a) and (b) below.	198 Sec. 1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 %		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	6.	Ž.	1.
	how the organization was responsive to those supported organizations, and how the organization determined	<u></u>	 	
	that these activities constituted substantially all of its activities.	2a	<u> </u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		 	<u> </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	L	<u>L</u> .	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		T	1
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Schedule A (Form		990-F	Z) 201
	Schedule A (Folia	. 550 01	JJ0-E	_, _, _, ,

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1. ☐ Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1	A COMMAND OF THE PROPERTY OF T	
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		L
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	fore.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		L
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	对差别。他们的	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	JANES SAN DAY	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		**	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	itegrated Type III supporting	g organization (see
instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted			
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(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		- m			
S.	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable		
30	ction E 2 Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6			741104111111111111111111111111111111111		
			<u> </u>			
•	Underdistributions, if any, for years prior to 2016		i 			
2	(reasonable cause required – explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
a	Excess distributions carryover, if any, to 2010.					
<u>a</u> _						
_	From 2013					
d	From 2014	# 1899 A 1993	V5 87 (4 X 7 (4 X 7 (4 X 7)			
<u>_</u> _	From 2015		7.5			
_ Ť	Total of lines 3a through e	MORE RECORDS A COMMENT				
g	Applied to underdistributions of prior years	e 200 (4.40) (4.40) (4.40) (4.40)		2.00		
	Applied to 2016 distributable amount			2000 7 7 7 W. M.		
i	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.					
a	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
<u> </u>	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.		Dayod	6. (18.18) S. (18.18)		
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c.	(1000) "WY, Alabor W"		5 % 744 WW S		
8	Breakdown of line 7:					
<u>a</u> _ b	Excess from 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Excess from 2014	<u> </u>				
<u>c</u>	Excess from 2015			·		
<u>a</u>						
 _	LACESS HUIII ZUTU	<u> </u>	l	<u> </u>		

Page 8		Page	8
--------	--	------	---

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

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.

2016 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	rity Discipleship Partners						-2247628
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	plete if the organiza	ation ansv	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?						 Yes □ No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of	its grants	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is neede	d.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program serv describe specific	ın (d) ıs ice, type of	(f) Total expenditures for and investments in the region
(1)	Czech Republic	0	0	Program services	Discipleship / train	ing	212,558.00
(2)	Romania	0	o	Program services	Discipleship / trair	ning	20,470.00
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total						233,028.0
b	sheets to Part I						
C	Totals (add lines 3a and 3b)	l					233,028.0

Page 2

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement 123,191.00 wire transfer 56,967.00 wire transfer 32,400.00 wire transfer 20,470.00 wire transfer (e) Amount of cash grant Staff salaries/program Construction/salary (d) Purpose of grant Church programs Church programs Czech Republic Czech Republic Czech Republic (c) Region Romania (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 6 Ŧ <u>₹</u> <u>€</u> **₹** 15) <u>Q</u> 3 <u>@</u> 3 9 <u>@</u> 0

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

16)

N

Enter total number of other organizations or entitles က

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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

Part III can be duplicated if additional space is needed.

(f) Amount of (g) Description (h) Method of																		
(e) Manner of	disbursement																	
(d) Amount of																		
(c) Number of	Siledine																	
(b) Region																		
(a) Type of grant or assistance (b) Region (c) Incoded.		(1) None	(2)	(3)	(4)	(2)	(9)	ω	(8)	(6)	(10)	(11)	(12)	(13)	(13)	(13)	(14)	(13) (14) (15) (16)

Page	

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	•	☑ 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)	gn	☑ 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 1 Certain Foreign Corporations (see Instructions for Form 5471)	•	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electin Fund (see Instructions for Form 8621)	11,	 ✓ 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 Certa Foreign Partnerships (see Instructions for Form 8865)	•	√ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; do not file with Form 990)		☑ No

_		-		
12	а	rt	3	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
are provided, the receiving organization must provide the following reports on a semi-annual basis:
a. Grant Project Report - a narrative describing organization activities, goals achieved since the last report, objectives for the next
reporting period, and challenges faced in meeting stated goals.
b. Grant Fund Transaction Report - a spreadsheet listing the funds transferred to the receiving organization with a section for the
organization to detail how the funds were used.
These reports are reviewed by the treasurer and findings reported at the next board meeting. In addition to the above reports, at least one
board member 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 (CZ).
······

SCHEDULE (Form 990)

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

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

OMB No 1545-0047 2016

Schedule I (Form 990) (2016) Open to Public Inspection å Prague, Czech Republic International Church of Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Support for pastor of Employer identification number ✓ Yes 46-2247628 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance . . . ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. . ٤ (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ۲ (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. 36,797.00 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 45-3813499 (p) EIN 1 (a) Name and address of organization (1) CORD Ministries International 340 W. Wickenburg Way, Ste. A-67 ntegrity Discipleship Partners (2) Wickenburg, AZ 85390 Department of the Treasury Name of the organization Part II Part I

9

E

<u>®</u>

9

€

9

9

5

N

2

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Receipts / documentation from CORD Ministries, and personal knowledge of board member of pastor duties at the International Church of Prague. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV 1 None Part III S N ო 4 9

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 ► 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

Integrity Discipleship Partners	46-2247628
Form 990 Part III, line 4d: \$32,400.00 provided to Rivenhill Alliance z.s. in Prague, Czech Republic, It co	
supporting Christian and democratic values in a post-Communist and highly atheistic culture. It contin	ued construction on its administrative
and conference facilities. [Foreign organization.] Also, \$ 17,525.00 was donated to Eclesia and \$ 2,945.0	00 donated to Way of Joy, both
ministries in Romania [foreign organizations] whose respective purposes are in line with that of integr	ity Discipleship Partners.
Form 990 Part VI, line 11b: the final version of the annual Form 990 is presented to the directors and re	viewed 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 affir	med annually by all board members.
Form 990 Part VI, line 15a & 15b: none of the organization's board members or directors receive comp	ensation.
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 integritydiscipleshippartners@gmail.com* is po	sted to donation receipts and the
e-giving.com donation website.	

