

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 06-01-2017, and ending 05-31-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
DAVID C COOK

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4050 LEE VANCE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
COLORADO SPRINGS, CO 80918

D Employer identification number
36-6008100

E Telephone number
(719) 536-0100

G Gross receipts \$ 60,215,992

F Name and address of principal officer
SCOTT E MILLER
4050 LEE VANCE DRIVE
COLORADO SPRINGS, CO 80918

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

H(c) Group exemption number ▶

J Website: ▶ WWW.DAVIDCCOOK.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1944

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EQUIP THE CHURCH WITH CHRIST-CENTERED RESOURCES FOR MAKING AND TEACHING DISCIPLES WHO OBEDIENTLY TRANSFORM TODAY'S GENERATIONS BIBLICAL STATEMENT OF PURPOSE THEREFORE GO AND MAKE DISCIPLES OF ALL NATIONS, BAPTIZING THEM IN THE NAME OF THE FATHER AND OF THE SON AND OF THE HOLY SPIRIT, AND TEACHING THEM TO OBEY EVERYTHING I HAVE COMMANDED YOU MT 28 19 & 20 NIV CORE VALUES 1) TRUST - EPHESIANS 4 152) LOVE - JOHN 13 353) INTEGRITY - II CORINTHIANS 8 214) COOPERATION - PROVERBS 15 225) ACCOUNTABILITY - HEBREWS 4 136) EXCELLANCE - COLOSSIANS 3 237) INNOVATION - TITUS 2 10B

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	309
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	2,276

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	921,905	796,798
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,929,454	2,306,900
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,314,059	27,270,004
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,165,418	30,373,702

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,000	59,100
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,108,833	16,974,169
16a Professional fundraising fees (Part IX, column (A), line 11e)	18,000	82,504
b Total fundraising expenses (Part IX, column (D), line 25) ▶805,086		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,041,749	18,528,882
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	33,239,582	35,644,655
19 Revenue less expenses Subtract line 18 from line 12	-2,074,164	-5,270,953

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	106,395,080	98,130,081
21 Total liabilities (Part X, line 26)	31,774,065	27,304,758
22 Net assets or fund balances Subtract line 21 from line 20	74,621,015	70,825,323

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 complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2019-03-07
SCOTT E MILLER COO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: TROY MARINE CPA
Preparer's signature: TROY MARINE CPA
Date: 2019-02-25
Check if self-employed
PTIN: P00187863
Firm's name: BAKER TILLY VIRCHOW KRAUSE LLP
Firm's EIN: 39-0859910
Firm's address: 777 E WISCONSIN AVENUE 32ND FLOOR
MILWAUKEE, WI 53202
Phone no: (414) 777-5500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 28,478,597 including grants of \$ 22,100) (Revenue \$ 19,385,573)

See Additional Data

4b (Code) (Expenses \$ 2,656,309 including grants of \$ 37,000) (Revenue \$ 0)

See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

Blank lines for reporting program service accomplishments.

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 31,134,906

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 19 numbered questions regarding organizational requirements for Form 990.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, GA, IL, MD, MN, MS, ND, NH, PA, SC, TN, VA, WI, WV); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (THE ORGANIZATION 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918 (719) 536-0100)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS TIFFANY DUNN TRUSTEE	5 00	X					2,500	0	0	
(2) MS BETH GUCKENBERGER VICE CHAIR	5 00	X		X			5,500	0	0	
(3) MR ROBERT HEAD TRUSTEE	5 00	X					5,500	0	0	
(4) MR DENNIS JOHNSON TREASURER	5 00	X		X			5,500	0	0	
(5) MR GREG LUCID TRUSTEE	5 00	X					5,500	0	0	
(6) MR DAVID METCALF CHAIR	5 00	X		X			5,500	0	0	
(7) MR R TODD RANKIN SECRETARY	5 00	X		X			5,500	0	0	
(8) MR JOHN N RICHARDSON JR TRUSTEE	5 00	X					5,000	0	0	
(9) MR DAVID ROGERS TRUSTEE	5 00	X					5,500	0	0	
(10) MR JOHN ROTE TRUSTEE	5 00	X					6,000	0	0	
(11) MR JOSEPH KOCH EX OFFICIO TRUSTEE	5 00	X					6,500	0	0	
(12) MR CRIS DOORNBOS CEO	40 00	X		X			481,944	0	16,541	
(13) MR SCOTT MILLER CHIEF OPERATING OFFICER	40 00			X			313,717	0	27,352	
(14) MR RYAN DUNHAM TO 83117 PRESIDENT INTEGRITY MUSIC	40 00				X		332,322	0	15,460	
(15) MR SEAN EVERHART CHIEF INFORMATION OFFICER	40 00				X		273,472	0	25,012	
(16) MR GARY HOPWOOD CHIEF GLOBAL OFFICER	40 00				X		236,473	0	13,246	
(17) MR TIMOTHY MACDONALD TO 4/6/18, CHIEF ADVANCEMENT OFFICER	40 00				X		234,903	0	14,815	

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MR VERNE KENNEY CHIEF PUBLISHING OFFICER	40 00				X			162,500	0	3,906	
(19) MR JONATHAN BROWN PRESIDENT, INTEGRITY MUSIC	40 00				X			152,919	0	5,041	
(20) MS CHRISCYNETHIA FLOYD VP, SALES & MARKETING	40 00					X		199,606	0	4,281	
(21) MS KAREN DAVIS GENERAL COUNSEL	40 00					X		189,508	0	11,569	
(22) MR DAVID THORNTON VP, SALES	40 00					X		153,807	0	16,861	
(23) MR STEPHEN NICOLLE VP, SALES	40 00					X		147,354	0	9,186	
(24) MR MIKE HASTINGS VP, LOGISTICS & DISTRIBUTION	40 00					X		142,736	0	6,821	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								3,079,761	0	170,091	

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		3,079,761	170,091

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 27

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SANDBOX LTD 15 W 12TH STREET APT PHB NEW YORK, NY 100118554	MUSIC ROYALTIES	371,435
BAKER TILLY VIRCHOW KRAUSE LLP PO BOX 78975 MILWAUKEE, WI 532788975	AUDIT & CONSULTING	208,985
LINCOLN BREWSTER 1225 PLEASANT GROVE BLVD STE 100 ROSEVILLE, CA 956786985	MUSIC ROYALTIES	176,657
LESLIE ANNE JORDAN 188 FRONT ST SUITE 116-44 FRANKLIN, TN 370645089	MUSIC ROYALTIES	145,944
HINSHAW & CULBERTSON LLP 8142 SOLUTIONS CENTER DRIVE CHICAGO, IL 60677	LEGAL	138,112

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	796,798				
	g Noncash contributions included in lines 1a-1f \$ _____	25,908					
	h Total. Add lines 1a-1f		796,798				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		676,683			676,683	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		7,891,903			7,891,903	
	6a Gross rents	(i) Real	(ii) Personal				
			19,623				
		b Less rental expenses	27,095				
		c Rental income or (loss)	-7,472				
	d Net rental income or (loss)			-7,472		-7,472	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			8,218,945	2,680,387			
		b Less cost or other basis and sales expenses	8,219,385	1,049,730			
		c Gain or (loss)	-440	1,630,657			
	d Net gain or (loss)			1,630,217		1,630,217	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	39,931,653					
	b Less cost of goods sold	b	20,546,080				
	c Net income or (loss) from sales of inventory		19,385,573	19,385,573			
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			30,373,702	19,385,573	0	10,191,331	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	59,100	59,100		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,328,897	1,216,839	854,208	257,850
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,416,045	9,152,452	1,096,977	166,616
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,318	242,318		
9 Other employee benefits	2,982,647	2,569,325	364,601	48,721
10 Payroll taxes	1,004,262	839,932	134,138	30,192
11 Fees for services (non-employees)				
a Management				
b Legal	550,015	289,799	245,302	14,914
c Accounting	193,491	35,591	157,900	
d Lobbying				
e Professional fundraising services See Part IV, line 17	82,504			82,504
f Investment management fees	41,927		41,927	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,127,818	2,913,749	166,719	47,350
12 Advertising and promotion	1,734,518	1,717,353	120	17,045
13 Office expenses	1,049,129	935,070	85,835	28,224
14 Information technology	708,600	639,378	58,242	10,980
15 Royalties	7,656	7,632	24	
16 Occupancy	843,879	746,768	79,128	17,983
17 Travel	1,219,656	980,032	186,789	52,835
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	234,143	214,583	13,487	6,073
20 Interest	803,381	803,381		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,684,702	6,684,317	385	
23 Insurance	565,790	395,674	170,116	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM DEVELOPMENT & P	401,787	380,448	497	20,842
b OTHER	362,390	311,165	48,268	2,957
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	35,644,655	31,134,906	3,704,663	805,086
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	816,763	1	977,317
	2 Savings and temporary cash investments	3,997,564	2	145,989
	3 Pledges and grants receivable, net	40,291	3	0
	4 Accounts receivable, net	7,109,628	4	7,294,968
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,216,013	8	7,239,972
	9 Prepaid expenses and deferred charges	742,136	9	785,690
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 45,352,227		
	b Less accumulated depreciation	10b 33,837,722	11,140,786	10c 11,514,505
	11 Investments—publicly traded securities	27,405,557	11	29,204,465
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	19,039,401	13	19,106,076
	14 Intangible assets	22,434,733	14	17,768,096
	15 Other assets See Part IV, line 11	6,452,208	15	4,093,003
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,395,080	16	98,130,081	
Liabilities	17 Accounts payable and accrued expenses	10,053,305	17	9,335,672
	18 Grants payable		18	
	19 Deferred revenue	379,833	19	162,126
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,539,284	23	13,139,284
	24 Unsecured notes and loans payable to unrelated third parties		24	
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	3,801,643	25	4,667,676	
26 Total liabilities. Add lines 17 through 25	31,774,065	26	27,304,758	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	70,168,839	27	66,740,356
	28 Temporarily restricted net assets	1,574,256	28	1,207,047
	29 Permanently restricted net assets	2,877,920	29	2,877,920
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	74,621,015	33	70,825,323
	34 Total liabilities and net assets/fund balances	106,395,080	34	98,130,081

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,373,702
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,644,655
3	Revenue less expenses Subtract line 2 from line 1	3	-5,270,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,621,015
5	Net unrealized gains (losses) on investments	5	1,535,679
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-60,418
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,825,323

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-6008100

Name: DAVID C COOK

Form 990 (2017)

Form 990, Part III, Line 4a:

CHRISTIAN RESOURCES DAVID C COOK IS AN INDUSTRY-LEADING NONPROFIT PROVIDER OF GLOBAL CHRISTIAN RESOURCES, INCLUDING SUNDAY SCHOOL CURRICULUM, BOOKS, MUSIC, AND OTHER CHRISTIAN CONTENT LEARNING RESOURCES WE PARTNER WITH THE LOCAL CHURCH BY PROVIDING BIBLICAL RESOURCES CREATED TO HELP THE CHURCH ACCOMPLISH ITS MISSION TO EVANGELIZE AND DISCIPLE TODAY'S GENERATIONS FOR CHRIST WE PUBLISH BOTH DIGITAL AND PRINT VERSIONS OF BIBLE-BASED SUNDAY SCHOOL CURRICULUM IN ADDITION, WE DEVELOP AND DISTRIBUTE EVANGELICAL PRODUCTS THAT SERVE THE CHURCH THESE PRODUCTS PROVIDE INNOVATIVE AND PRACTICAL TOOLS TO USE IN A WIDE RANGE OF CHRISTIAN MINISTRIES PRODUCTS RANGE FROM CHILDREN'S CHURCH MATERIAL TO YOUTH AND ADULT ELECTIVES AND TRAINING MATERIALS FOR PASTORS, TEACHERS, AND ADMINISTRATORS WE ALSO PUBLISH BOOKS TO FOSTER THE SPIRITUAL GROWTH OF EACH MEMBER OF THE FAMILY AND FOR PASTORS AND LEADERS WE SELL THESE RESOURCES THROUGH VARIOUS CHANNELS, WHICH INCLUDE CHRISTIAN BOOKSTORES, RELIGIOUS AND GENERAL DISTRIBUTORS, AMERICAN BOOKSELLERS ASSOCIATION BOOKSTORES, AS WELL AS DIRECTLY TO CHURCHES AND PARA-CHURCH MINISTRIES AROUND THE WORLD INTEGRITY MUSIC DAVID C COOK PURCHASED INTEGRITY MUSIC IN JUNE OF 2011, BECOMING PART OF COOK'S ALREADY ESTABLISHED KINGSWAY LABEL IN EASTBOURNE, ENGLAND THROUGH INTEGRITY MUSIC, WE HELP PEOPLE WORLDWIDE EXPERIENCE THE MANIFEST PRESENCE OF GOD MUSIC PRODUCES RESOURCES, WHICH INCLUDE CDS, EPS, LPS, DVDS, AND SONGBOOKS FROM WORSHIP LEADERS WHO EXPLORE AND ARTICULATE FAITH IN JESUS AS WELL AS PUBLISHES SONGS THAT CONTAIN LYRICS THAT BUILD, INSPIRE, AND INSTRUCT DISCIPLES IN CHURCHES AROUND THE WORLD OVERALL, INTEGRITY'S SONGWRITERS AND ARTISTS ARE FOUND IN MANY PARTS OF THE WORLD AND SHARE DAVID C COOK'S VIEW OF THE IMPORTANCE OF DISCIPLESHIP WE UNDERSTAND THE CRITICAL ROLE THAT SONGS PLAY IN STRENGTHENING, INSPIRING, AND BUILDING THE CHURCH THE RESOURCES AND SONGS ARE AVAILABLE THROUGH VARIOUS CHANNELS (PHYSICAL AND DIGITAL), WHICH INCLUDE DIGITAL SERVICE PROVIDERS (LIKE APPLE MUSIC, SPOTIFY, AMAZON, GOOGLE PLAY, YOUTUBE, ETC), CHRISTIAN BOOKSTORES, DISTRIBUTORS, GENERAL MARKET RETAILERS, PARA-CHURCH MINISTRIES AND DIRECT TO CONSUMERS

Form 990, Part III, Line 4b:

GLOBAL INITIATIVES GLOBAL INITIATIVES IS THE GLOBAL ARM OF DAVID C COOK THAT PROVIDES COOK-CREATED MATERIAL AROUND THE WORLD FOR SALE, WHEN POSSIBLE, AND FOR SUBSIDIZED OR FREE DISTRIBUTION WHEN LOCAL RESOURCES ARE LIMITED THERE ARE THREE MAIN AREAS OF FOCUS CURRICULUM FOR AT-RISK CHILDREN (WHICH WE CALL "LIFE ON LIFE"), MATERIALS FOR SPIRITUAL FORMATION IN CHILDREN, AND LEADERSHIP RESOURCES LIFE ON LIFE CURRICULUM ONE OF THE MOST IMPORTANT RESPONSIBILITIES OF THE CHURCH TODAY IS TO CARE FOR VULNERABLE CHILDREN AROUND THE WORLD WHO ARE AT RISK DUE TO POVERTY, ABUSE, ABANDONMENT, OR CONFLICT IN THE HOME OR COMMUNITY WHILE MANY GOOD PROGRAMS EXIST TO HELP THEM WITH PHYSICAL NEEDS LIKE FOOD, SHELTER AND EDUCATION, FAR TOO LITTLE IS DONE TO ADDRESS THEIR SIGNIFICANT EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS THROUGH GLOBAL INITIATIVES, WE PROVIDE A CURRICULUM THAT FOSTERS INNER HEALING FOR CHILDREN WITH WOUNDED HEARTS WE CO-CREATE THE CURRICULUM WITH PARTNERS TO MEET THE UNIQUE NEEDS OF EACH COUNTRY CURRENTLY, OVER SEVENTEEN MILLION CHILDREN ARE ENROLLED IN 31 COUNTRIES THROUGH TRANSLATIONS INTO 15 LANGUAGES WE ALSO PROVIDE SHORT CRISIS-RESPONSE CURRICULUM FOR ADULTS TO HELP CHILDREN COPE WITH TRAUMA THEY HAVE EXPERIENCED DUE TO EARTHQUAKES, OUTBREAKS OF ILLNESS LIKE EBOLA, AND CRISES THAT HAVE FORCED THEM TO BECOME REFUGEES MATERIALS FOR CHILDREN THE ACTION BIBLE IS A GRAPHIC NOVEL-STYLE VERSION OF THE BIBLE THAT CONTAINS 215 STORIES BEAUTIFULLY DRAWN BY AN EXPERIENCED DC AND MARVEL COMIC'S ARTIST IT HAS SOLD WELL OVER A MILLION COPIES AND HAS BEEN TRANSLATED INTO SEVERAL LANGUAGES IN CONJUNCTION WITH MINISTRY PARTNERS, OVER THE NEXT SEVERAL YEARS THERE ARE PLANS TO TRANSLATE THIS INTO OVER 80 LANGUAGES IN ADDITION, IT HAS SPAWNED SEVERAL DERIVATIVE PRODUCTS, INCLUDING THE STORY OF JESUS, A 16- OR 24-PAGE BOOKLET CONTAINING A CLEAR GOSPEL MESSAGE THE STORY OF JESUS HAS BEEN DISTRIBUTED IN 95 COUNTRIES AND 53 LANGUAGES OVER 49 MILLION CHILDREN HAVE RECEIVED A COPY IN THE LAST FIVE YEARS ANOTHER PRODUCT SPIN-OFF, THE ACTION BIBLE NEW TESTAMENT, IS NOW BEING USED AS THE RELIGIOUS INSTRUCTION MANUAL FOR PUBLIC SCHOOL CHILDREN IN GUATEMALA LEADERSHIP RESOURCES GRASSROOTS LEADERS WHO HAVE NOT HAD SEMINARY-LEVEL TRAINING MAKE UP THE VAST MAJORITY OF PASTORS AND LEADERS THEIR GREATEST NEED IS FOR PRACTICAL MATERIALS TO HELP THEM BETTER UNDERSTAND GOD'S WORD SO THAT THEY CAN APPLY IT TO THEIR DAILY LIVES AND TO THEIR TEACHINGS FOR THEIR CONGREGATION PART OF DAVID C COOK'S ARSENAL OF RESOURCES IS WARREN WIERSBE'S BE SERIES, 52 COMMENTARIES THAT ENCOMPASS THE ENTIRE BIBLE WRITTEN AT THE LAY-LEVEL, WE HAVE TRANSLATED THEM INTO DOZENS OF LANGUAGES AT THE REQUEST OF PASTORS AND LEADERS AROUND THE WORLD IN BOOK FORM, WE HAVE PROVIDED MINI LIBRARIES OF THESE AND OTHER LEADERSHIP RESOURCES TO 118,000 PASTORS IN INDIA AND THOUSANDS MORE IN AFRICA WE ARE NOW PROVIDING THEM ON SD CARDS IN SEVERAL LANGUAGES IN INDIA AND NEPAL SO THAT PASTORS CAN EASILY ACCESS THESE COMMENTARIES ON THEIR PHONES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2017

Open to Public Inspection

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.

Name of the organization
DAVID C COOK

Employer identification number

36-6008100

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,240,084	828,212	1,741,865	921,905	796,798	5,528,864
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,270,376	35,508,669	37,889,829	40,629,502	39,931,653	192,230,029
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	39,510,460	36,336,881	39,631,694	41,551,407	40,728,451	197,758,893
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	29,759	45,358	23,387	40,451	41,620	180,575
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	71,923					71,923
c Add lines 7a and 7b	101,682	45,358	23,387	40,451	41,620	252,498
8 Public support. (Subtract line 7c from line 6.)						197,506,395

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	39,510,460	36,336,881	39,631,694	41,551,407	40,728,451	197,758,893
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,913,851	10,394,453	10,536,089	9,847,160	8,588,209	49,279,762
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,913,851	10,394,453	10,536,089	9,847,160	8,588,209	49,279,762
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	803,592					803,592
13 Total support. (Add lines 9, 10c, 11, and 12.)	50,227,903	46,731,334	50,167,783	51,398,567	49,316,660	247,842,247
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	79.690 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	79.390 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	19.880 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	20.150 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS REVENUE - 2013 AMOUNT \$ 803,592 2014 AMOUNT \$ 0 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0 2017 AMOUNT \$ 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
DAVID C COOK

Employer identification number
36-6008100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)	0	
3 Aggregate value of grants from (during year)	43,000	
4 Aggregate value at end of year	175,631	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,064,150	29,208,218	31,147,697	30,841,501	28,969,981
b Contributions					
c Net investment earnings, gains, and losses	1,970,134	2,962,708	-363,783	1,911,477	3,752,566
d Grants or scholarships					
e Other expenditures for facilities and programs	496,569	6,093,049	1,565,495	1,594,431	1,869,969
f Administrative expenses	22,844	13,727	10,201	10,850	11,077
g End of year balance	27,514,871	26,064,150	29,208,218	31,147,697	30,841,501

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 85 250 %
 - b** Permanent endowment ▶ 10 460 %
 - c** Temporarily restricted endowment ▶ 4 290 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		495,171		495,171
b Buildings		19,094,540	11,245,586	7,848,954
c Leasehold improvements				
d Equipment		11,133,508	10,592,294	541,214
e Other		14,629,008	11,999,842	2,629,166
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,514,505

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARIES	19,106,076	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	19,106,076	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PENSION COSTS	1,284,176
DEFERRED COMPENSATION	420,499
ACCRUED RETIREE BENEFIT	27,350
ANNUITY AND TRUST LIABILITY	1,593,567
CAPITAL LEASE OBLIGATION	67,084
EARNOUT CLAUSE LIABILITY	25,000
LINE OF CREDIT	1,250,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,667,676

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	52,482,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	1,535,679	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	20,546,080	
e	Add lines 2a through 2d		2e	22,081,759
3	Subtract line 2e from line 1		3	30,400,797
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-27,095	
c	Add lines 4a and 4b		4c	-27,095
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	30,373,702

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	56,396,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	20,751,736	
e	Add lines 2a through 2d		2e	20,751,736
3	Subtract line 2e from line 1		3	35,644,655
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	35,644,655

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 36-6008100

Name: DAVID C COOK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS WERE ESTABLISHED TO SUPPORT AND ENSURE THE ONGOING FUND ING OF VARIOUS SHORT AND LONG TERM MINISTRY PROGRAMS WHICH CAN INCLUDE DEVELOPMENT AND WOR LDWIDE DISTRIBUTION OF CHRISTIAN LITERATURE AND LEADERSHIP TRAINING

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON UNRELATED BUSINESS TAXABLE INCOME. THERE WAS NO SIGNIFICANT UNRELATED BUSINESS INCOME DURING THE YEARS ENDED MAY 31, 2018 AND 2017. AT MAY 31, 2018 AND 2017, ONLY THE ORGANIZATION'S FOREIGN SUBSIDIARIES ARE SUBJECT TO INCOME TAXES, WHICH ARE CONSIDERED IMMATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2014.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 20,546,080

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -27,095

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 20,546,080 ACTUARIAL CHANGE IN PENSION BENEFITS -127,891 FOREIGN CURR ENCY EXCHANGE ADJUSTMENT 306,452 RENTAL EXPENSES 27,095

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
DAVID C COOK

Employer identification number
36-6008100

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional 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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	19			12,216,836
b Total from continuation sheets to Part I					13,983
c Totals (add lines 3a and 3b)	2	20			12,230,819

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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)

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

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)* 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 No

Additional Data

Software ID:

Software Version:

EIN: 36-6008100

Name: DAVID C COOK

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	PROVISION OF MATERIALS	286,755
EAST ASIA AND THE PACIFIC	1	15	PROGRAM SERVICES	PRINTING/PROVISION OF MATERIALS	249,982

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PRINTING OF MATERIALS	30,000
SOUTH ASIA	1	1	PROGRAM SERVICES	PRINTING/PROVISION OF MATERIALS	196,182

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	PROVISION OF MATERIALS	214,417
SOUTH AMERICA	0	1	PROGRAM SERVICES	PROVISION OF MATERIALS	92,389

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	PROVISION OF MATERIALS	5,805
EUROPE			INVESTMENTS		11,141,306

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & NEWLY INDEPENDENT STATES	0	1	PROGRAM SERVICES	PROVISION OF MATERIALS	13,983

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DAVID C COOK

Employer identification number
36-6008100

Part I General Information on Grants and Assistance

- 1** 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

(a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
(1) REFUGE FOUNDATION PO BOX 1857 BILLINGS, MT 59103	26-3581501	501(C)(3)	17,000		N/A	N/A	DONATION TO SUPPORT LEADERSHIP RENEWAL EFFORTS OF THE FOUNDATION
(2) CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR ORLANDO, FL 32832	95-6006173	501(C)(3)	8,000		N/A	N/A	DONATION TO SUPPORT MISSIONARY WORK AROUND THE WORLD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FROM TIME TO TIME, DAVID C COOK MAY PROVIDE CONTRIBUTIONS TO OTHER NON-PROFIT ORGANIZATIONS IN THE COMMUNITY PRIOR TO DISTRIBUTION OF FUNDS, IT IS VERIFIED THAT THE RECIPIENT IS A REGISTERED NON-PROFIT ORGANIZATION GRANT REQUESTS ARE REVIEWED AND APPROVED BY THE STAFF OF DAVID C COOK, BASED ON THE SPECIFIC PROGRAM EFFORTS OF THOSE NON-PROFIT ORGANIZATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DAVID C COOK

Employer identification number
36-6008100

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - PER THE ORGANIZATION'S WRITTEN POLICY, WHICH REQUIRES CEO APPROVAL, SPOUSAL TRAVEL IS REIMBURSED FOR OFFICERS AND KEY EMPLOYEES IF THE SPOUSE'S PRESENCE, ABILITIES AND ACTIVITIES WILL RESULT IN THE EFFECTIVE MINISTERING OF THE MISSION. THE MISSION PURPOSE IS INCLUDED ON ALL TRAVEL FORMS IN ORDER TO DOCUMENT THE BUSINESS PURPOSE FOR THE REIMBURSEMENT. FIRST-CLASS TRAVEL - PER THE ORGANIZATION'S APPROVED, WRITTEN POLICY, AIR TRAVEL IS MADE AT COACH CLASS UNLESS SPECIFICALLY APPROVED BY THE CEO OR COO, AND IS MAINLY FOR INTERNATIONAL FLIGHTS OF LONG DURATION. HEALTH OR SOCIAL CLUB DUES - SELECT EXECUTIVES RECEIVE A YEARLY MEMBERSHIP TO A HEALTH AND SOCIAL CLUB. AN AMOUNT IS ALSO TAXED ON EACH PAYCHECK FOR THE IMPACTED EMPLOYEES.
PART I, LINE 4A	RYAN DUNHAM RECEIVED \$85,275 IN SEVERANCE PAY.
PART I, LINE 7	THE OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES LISTED ON THIS 990 ARE ELIGIBLE FOR INCENTIVE PAYMENTS UP TO A DEFINED % OF THEIR ANNUAL BASE PAY AS DESIGNATED IN THE ORGANIZATION'S COMPENSATION PHILOSOPHY. ONE CATEGORY OF THEIR INCENTIVE PAYMENT IS DEPENDENT ON THE ACHIEVEMENT OF THREE OR MORE SPECIFIC AND MEASURABLE TARGETS DIRECTLY TIED TO THEIR AREA OF RESPONSIBILITY WHICH MAY REQUIRE SUBJECTIVE DECISIONS TO DETERMINE IF GOAL WAS ACHIEVED.

Additional Data

Software ID:
Software Version:
EIN: 36-6008100
Name: DAVID C COOK

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MR CRIS DOORNBOS CEO	(i)	310,092	161,112	10,740	9,000	7,541	498,485	0
	(ii)	0	0	0	0	0	0	0
1MR SCOTT MILLER CHIEF OPERATING OFFICER	(i)	215,188	89,439	9,090	18,000	9,352	341,069	0
	(ii)	0	0	0	0	0	0	0
2MR RYAN DUNHAM TO 83117 PRESIDENT INTEGRITY MUSIC	(i)	136,210	105,000	91,112	9,000	6,460	347,782	0
	(ii)	0	0	0	0	0	0	0
3MR SEAN EVERHART CHIEF INFORMATION OFFICER	(i)	189,688	83,334	450	9,000	16,012	298,484	0
	(ii)	0	0	0	0	0	0	0
4MR GARY HOPWOOD CHIEF GLOBAL OFFICER	(i)	164,689	68,572	3,212	5,942	7,304	249,719	0
	(ii)	0	0	0	0	0	0	0
5MR TIMOTHY MACDONALD TO 4/6/18, CHIEF ADVANCEMENT OFFICER	(i)	167,899	58,597	8,407	6,146	8,669	249,718	0
	(ii)	0	0	0	0	0	0	0
6MR VERNE KENNEY CHIEF PUBLISHING OFFICER	(i)	122,500	40,000	0	3,906	0	166,406	0
	(ii)	0	0	0	0	0	0	0
7MR JONATHAN BROWN PRESIDENT, INTEGRITY MUSIC	(i)	80,853	22,066	50,000	1,010	4,031	157,960	0
	(ii)	0	0	0	0	0	0	0
8MS CHRISCYNETHIA FLOYD VP, SALES & MARKETING	(i)	92,856	43,332	63,418	2,036	2,245	203,887	0
	(ii)	0	0	0	0	0	0	0
9MS KAREN DAVIS GENERAL COUNSEL	(i)	140,149	39,324	10,035	3,010	8,559	201,077	0
	(ii)	0	0	0	0	0	0	0
10MR DAVID THORNTON VP, SALES	(i)	117,476	29,794	6,537	7,973	8,888	170,668	0
	(ii)	0	0	0	0	0	0	0
11MR STEPHEN NICOLLE VP, SALES	(i)	51,826	38,444	57,084	4,709	4,477	156,540	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
DAVID C COOK

Employer identification number
36-6008100

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	25,908	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	STOCK CONTRIBUTIONS ARE RECEIVED, PROCESSED AND SOLD BY AN OUTSIDE INVESTMENT FIRM

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DAVID C COOK

Employer identification number

36-6008100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	TO EQUIP THE CHURCH WITH CHRIST-CENTERED RESOURCES FOR MAKING AND TEACHING DISCIPLES WHO OBEYEDLY TRANSFORM TODAY'S GENERATIONS BIBLICAL STATEMENT OF PURPOSE THEREFORE GO AND MAKE DISCIPLES OF ALL NATIONS, BAPTIZING THEM IN THE NAME OF THE FATHER AND OF THE SON AND OF THE HOLY SPIRIT, AND TEACHING THEM TO OBEY EVERYTHING I HAVE COMMANDED YOU MT 28 19 & 20 NIV CORE VALUES 1) TRUST - EPHESIANS 4 15 2) LOVE - JOHN 13 35 3) INTEGRITY - II CORINTHIANS 8 21 4) COOPERATION - PROVERBS 15 22 5) ACCOUNTABILITY - HEBREWS 4 13 6) EXCELLENCE - COLOSSIANS 3 23 7) INNOVATION - TITUS 2 10B

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF FOUR OR MORE TRUSTEES, ONE OF WHOM IS THE CHAIRMAN OF THE BOARD THE EXECUTIVE COMMITTEE IS ABLE TO EXERCISE A MAJORITY OF THE POWERS OF THE BOARD OF TRUSTEES DURING THE INTERVALS BETWEEN THE MEETINGS OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER AN INTERNAL REVIEW OF THE 990 IS COMPLETED BY THE COO AND VP OF FINANCE THE 990 IS THEN SENT TO THE FINANCE & AUDIT COMMITTEE FOR REVIEW WHICH ALSO INCLUDES A MEETING WITH THE AUDITING FIRM TO PRESENT THE 990 AND ADDRESS ANY QUESTIONS UPON APPROVAL FROM THE FINANCE & AUDIT COMMITTEE AND BEFORE FILING WITH THE IRS, THE 990 AND ASSOCIATED SCHEDULES ARE PROVIDED TO THE FULL BOARD OF TRUSTEES ON AN INTRANET SITE WHICH NOTIFIES THEM VIA AN EMAIL THAT FORMS ARE AVAILABLE FOR THEIR REVIEW REPLIES ARE REQUIRED FROM THE TRUSTEES BEFORE WE FILE THE 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, THE ASSISTANT SECRETARY TO THE BOARD DISTRIBUTES CONFLICT OF INTEREST FORMS TO EACH BOARD MEMBER AND KEY EMPLOYEE COMPLETED FORMS ARE THEN SUBMITTED TO THE ASSISTANT SECRETARY TO THE BOARD WHO MONITORS AND DISCLOSES TO THE BOARD IF ANY CHANGES OCCUR BOARD MEMBERS ARE RESTRICTED FROM VOTING ON ISSUES WHERE CONFLICTS HAVE BEEN IDENTIFIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING EXECUTIVE, OFFICER, AND KEY EMPLOYEE COMPENSATION EVERY THREE YEARS, THE ORGANIZATION AND THE BOARD OF TRUSTEES RETAINS AN INDEPENDENT GLOBAL PROFESSIONAL FIRM TO REVIEW AND PROVIDE FEEDBACK ON COMPENSATION THEIR REPORT INCLUDES COMPARABLE MARKET COMPENSATION DATA OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE MOST RECENT REPORT WAS PRESENTED AND REVIEWED BY THE BOARD IN JUNE 2017 HUMAN RESOURCES KEEPS WRITTEN RECORDS OF ALL COMPENSATIONS ARRANGEMENTS AS WELL AS ALL DOCUMENTATION RELATED TO THE OUTSIDE COMPENSATION STUDIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE</p>	<p>LENDER BANK OF AMERICA ORIGINAL AMOUNT \$17,539,284 INTEREST RATE 3.550000 DATE OF NOTE 06/29/17 MATURITY DATE 05/01/21 REPAYMENT TERM ANNUAL PRINCIPAL & MONTHLY INTEREST PAYMENTS SECURITY PROVIDED ALL BUSINESS ASSETS PURPOSE OF LOAN ACQUISITION OF INTEGRITY MUSIC, INC AND ACQUISITION OF STANDARD PUBLISHING AND GOSPEL LIGHT ASSETS BEGINNING BALANCE DUE \$17,539,284 ENDING BALANCE DUE \$13,139,284 TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE \$17,539,284 TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE \$13,139,284</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FOREIGN CURRENCY EXCHANGE ADJUSTMENT -306,452 ACTUARIAL CHANGE IN PENSION BENEFITS 127,89 1 FOREIGN CURRENCY TRANSLATION ADJUSTMENT TO EQUITY 118,143

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DAVID C COOK

Employer identification number

36-6008100

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DISCIPLR LLC 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	DIGITAL CONTENT DISTRIBUTOR	CO	-1,532,244	1,121,569	DCC HOLDINGS LLC
(2) DCC HOLDINGS LLC 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	HOLDING COMPANY	CO	-1,874,140	1,282,892	DAVID C COOK
(3) WEAREWORSHIPCOM LLC 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	DIGITAL MUSIC	CO	-341,896	161,323	DCC HOLDINGS LLC
(4) DCC GLOBAL I LLC 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	HOLDING COMPANY	CO	57,037	424,093	DAVID C COOK
(5) DCC GLOBAL II LLC 4050 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	HOLDING COMPANY	CO	-38,239	17,453	DAVID C COOK

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WORD AND WORSHIP TRUST 26-28 LOTTBRIDGE DRIVE EASTBOURNE, EAST SUSSEX BN23 6NT UK	ADVANCEMENT OF THE CHRISTIAN RELIGION	UK	FOREIGN CHARITY		INTEGRITY MUSIC LTD	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INTEGRITY MUSIC LTD LOTTBRIDGE DROVE BN23 6NT EASTBOURN EAST SUSSEX UK	WHLSLE CHRSTN LIT	UK	DAVID C COOK AND SUBSIDIARIES	C	701,019	12,720,650	100 000 %	Yes	
(2) MUSIC THREE LIMITED LOTTBRIDGE DROVE BN23 6NT EASTBOURN EAST SUSSEX UK	PUB/DIST MUSIC	UK	INTEGRITY MUSIC LTD	C			100 000 %	Yes	
(3) COOK CONSULTING AND COMMUNICATION SERVICES (INDIA) PRIVATE LIMITED 319 A WING SAGAR TECH PLAZA KURLA MUMBAI IN	WHLSLE CHRSTN LIT	IN	DAVID C COOK AND SUBSIDIARIES	C	-38,239	17,453	100 000 %	Yes	
(4) THANKYOU MUSIC LIMITED LOTTBRIDGE DROVE BN23 6NT EASTBOURN EAST SUSSEX UK	PUBLISHER/MUSIC	UK	DAVID C COOK AND SUBSIDIARIES	C	-74,990	4,320,683	50 000 %		No
(5) EIGHT BLESSINGS LIMITED 25-35 SHANGHAI STREET KOWLOON HK	PUBLISHING SERVICES	HK	DAVID C COOK AND SUBSIDIARIES	C	57,037	424,093	100 000 %	Yes	
(6) EIGHT BLESSINGS PARTNERS (BEIJING) CONSULTANT CO LTD NO 15 MAJIAPU WEST ROAD FENGTAI D BEIJING CH	PUBLISHING SERVICES	CH	EIGHT BLESSINGS LIMITED	C	30,666	154,161	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g Yes	
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 36-6008100
Name: DAVID C COOK

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
EIGHT BLESSINGS LIMITED	M	202,533	AMOUNT PAID
COOK CONSULTING AND COMMUNICATION SERVICES	D	464,406	LOAN AMOUNT
COOK CONSULTING AND COMMUNICATION SERVICES	R	25,203	AMOUNT PAID
INTEGRITY MUSIC LIMITED	A	328,232	VALUE OF SVCS
INTEGRITY MUSIC LIMITED	E	-5,127,769	LOAN AMOUNT
INTEGRITY MUSIC LIMITED	G	209,399	SALES PRICE
INTEGRITY MUSIC LIMITED	L	677,538	VALUE OF SVCS
INTEGRITY MUSIC LIMITED	M	1,560,849	VALUE OF SVCS
INTEGRITY MUSIC LIMITED	P	109,421	AMOUNT PAID
INTEGRITY MUSIC LIMITED	Q	349,236	AMOUNT PAID
INTEGRITY MUSIC LIMITED	R	900,861	AMOUNT PAID
INTEGRITY MUSIC LIMITED	S	403,110	AMOUNT PAID