50%
_
_
~ 1
Q-1
-
3
, ·
ا ا
_
7
_
- 11
د حد
rf
الحد
==
\sim
حست
//
4
1
-11
. 7
(T)
Α
: #J
SCANNEL

,/	Form	990
	Depart	ment of the Treasury

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 publications.

2017

OMB No 1545-0047

Open to Public

Dep:	artment of nal Reven	the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information.	200	Inspection
A	For the	2017 cale	ndar year, or tax year beginning July 1 , 2017, and ending Ju	ne 30	, 20 18
В	Check if	applicable	C Name of organization Integrity Discipleship Partners	D Employe	er identification number
	Address	change	Doing business as	L	46-2247628
	Name cl	nange	ne number		
	Initial ref	turn	L	901-831-5122	
	Final retu				
	Amende	ceipts \$			
	Applicat	ion pending		group return for a	subordinates? Yes No
					included? Yes No
<u></u>		mpt status	2 30 10/0 2 30 10/1) - (maarino) 2 404 (a)(1), (i) 2 321	•	list. (see instructions)
<u></u>	Website			exemption	
_			✓ Corporation Trust Association Other ► L Year of formation 2013	M State	of legal domicile TN
	art I	Summ			and desired the
Ð	1		escribe the organization's mission or most significant activities: Promote religious		
Activities & Governance	}		nally, encouraging Christian believers to become leaders in their communities, school	s, and gov	ernments.
Ĕ	2		include college campus meetings and church programs. is box ▶☐ if the organization discontinued its operations or disposed of more that	n 25% of	ite not accate
Š	3		of voting members of the governing body (Part VI, line 1a)	1 - 1	3
8	4		of independent voting members of the governing body (Part VI, line 1b)		
es	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)	. 5	
Ξ	6		nber of volunteers (estimate if necessary)	6	
Act	7a		elated business revenue from Part VIII, column (C), line 12	. 7a	0
	Ь		lated business taxable income from Form 990-T, line 34	. 7b	0
			Prior Y	'ear	Current Year
ō	8	Contribu	tions and grants (Part VIII, line 1h)	278,354.64	233,704.64
P P	9	Program	service revenue (Part VIII, line 2g)	0	0
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	43.39	37.07
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12			278,398.03	233,741.71
	13			269,825.00	231,302.00
	14		paid to or for members (Part IX, column (A), line 4)	0	0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)	0	0
Ä	l b	Other			
	17 18		penses (Part IX, column (A), lines 11a 11d, 717 246)	5,657.27	4,628.81
	19		penses. Add lines 13–17 (must eq 📵 Part IX, column (A), line 255	275,482.27	235,930.81 (2,189.10)
- s	+	HOVEHUE	(O) Beginning of C	2,915.76 current Year	(2, 109.10) End of Year
ssets or	20	Total ass	100	9,803.08	7,613.98
Ass	21		ets (Part X, line 16)	0,000.00	
Net As	22		ts or fund balances. Subtract line 21 from line 20	9,803.08	
P	art II	Signa	ture Block		·
Ur	nder pena	alties of perfu	iry, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of	my knowledge and belief, it is
tru	ie, correc	t, and eomp	lete Declaration of preparer (other than officer) is based on all information of which preparer has any known	wledge 	
۵.			Joseph Willes	Δ	
Sig	_	Sign	// 1	Ate //, ,	11 31 DOR
не	ere		Settral M. Navels, Treasurer	\mathcal{M}	DIOZ 10 10 10 10 10 10 10 10 10 10 10 10 10
			for print name and title/ pe preparer's name Preparer's signature Date		PTIN
	aid		po proposition in reposition a signature Date	Check self-em	LJ #
	epare		nome b		pioyed
Us	se On			rm's EIN ▶ none no	
Ma	v the I		s this return with the preparer shown above? (see instructions)	ione no	· · · Yes No
_			action Act Notice, see the separate instructions. Gat No 11282Y		Form 990 (2017)
			,		, ,

0,,,,	- (, ag	
Part	Ш	Statement of Program Service Accomplishments	_
		Check if Schedule O contains a response or note to any line in this Part III	ᆜ
1		ly describe the organization's mission:	
		note religious education and discipleship internationally, encouraging Christian believers to become leaders in their	
	com	munities, schools, and governments.	
	Did	the expenientian undertake any significant aregrees are lines during the user which were not listed on the	—
2		the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	
			10
•		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
			10
		es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured	by
	thot	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	ers,
	me i	otal expenses, and revenue, if any, for each program service reported.	
4a		le:) (Expenses \$ 80,222.00 including grants of \$ 80,222.00) (Revenue \$)	
		rity Life, Czech Republic. Outreach programs to university students in the Czech Republic and Slovakia.	
		oximately 3,500 students participated in English camps, sports camps, student conferences, and Bible studies.	
	App	oximately 100 students were mentored by In-Life staff members and student leaders. [Foreign organization.]	

45	(0	\(\(\text{C} \)	
4b		de:) (Expenses \$ 79,529.00 including grants of \$ 79,529.00) (Revenue \$)	
		national Church of Prague (located in Prague, Czech Republic) provides religious celebration, worship services, spiritual	
		ation to children and adults, and relational coaching to strengthen the common good of the congregation averaging 250 peop	e
		week including many U.S. expatriates. Other services include food and shelter to homeless individuals, and ministry to	
	rerug	gees and victims of human trafficking. [Foreign organization.]	

		,,	-
		,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

4c	(Cor	de:) (Expenses \$ 25,250.00 including grants of \$ 25,250.00) (Revenue \$)	—
70		nhill Alliance z.s. in Prague, Czech Republic. It provides ESL education in Czech Republic public schools. It also facilitates	
		ational internships and training as well as Christian discipleship opportunities. [Foreign organization.]	· - -
	cour	audia internships and daining as well as christian discipleship opportunities. Poleigh organization,	
		***************************************	•=
4d	Oth	er program services (Describe in Schedule O.)	
70		penses \$ 46,301.00 including grants of \$ 46,301.00) (Revenue \$	
4e		Il program service expenses ► 221 202 00	

Form 99	0 (2017)	<i>V</i>	J F	age 3
Part I	V Checklist of Required Schedules	т		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	✓	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			000	1/2017

Form 99	0 (2017)		F	age 4
Part	V Checklist of Required Schedules (continued)			
		لب	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>✓</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	1	✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a	\vdash	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	 	
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	/
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		-	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		l	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			_
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــــــــــــــــــــــــــــــــــــ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>✓</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	}		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:	40		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	1
	(FBAR).	1 12		<i>,</i>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	84, 779;	£. #1
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a	<i>3216</i> 2	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	i	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		100	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	_7f_		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	998.	No. 1 8202
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1/2	ÆĽ:	
_	sponsoring organization have excess business holdings at any time during the year?	8	a	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		لككتين
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	7.		7
a	Initiation fees and capital contributions included on Part VIII, line 12	["		(***)
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b].,	* *	* *
11	Section 501(c)(12) organizations. Enter:		* */-	
а	Gross income from members or shareholders		· · · 6	A,
b	Gross income from other sources (Do not net amounts due or paid to other sources		^] ,]
	against amounts due or received from them.)	 	ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	∤ ``,	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
_	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		For	m 99 0	(2017)

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	<u> </u>	V
Section	A. Governing Body and Management				
				Yes	No
	, ,	1a 3		- 1	
	there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar			- 1	
	mmittee, explain in Schedule O.		1	l	1
		1b 3]	Ì
	d any officer, director, trustee, or key employee have a family relationship or a business rel		İ	Ì)
	by other officer, director, trustee, or key employee?	· }	2		√
	d the organization delegate control over management duties customarily performed by or ur	nder the direct	-		-
	pervision of officers, directors, or trustees, or key employees to a management company or other		3	1	✓
	d the organization make any significant changes to its governing documents since the prior Form 990		4	$\neg \uparrow$	1
	d the organization become aware during the year of a significant diversion of the organization		5		1
	d the organization have members or stockholders?		6		√
7a Di	d the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	e or more members of the governing body?		7a		<u> </u>
	e any governance decisions of the organization reserved to (or subject to approval				
	ockholders, or persons other than the governing body?		7b		✓_
	d the organization contemporaneously document the meetings held or written actions und	ertaken during			12
	e year by the following:				
	ne governing body?		8a	✓	
	ach committee with authority to act on behalf of the governing body?		8b	✓	
	e organization's mailing address? If "Yes," provide the names and addresses in Schedule O .		9		1
	B. Policies (This Section B requests information about policies not required by the			nde)	<u> </u>
000000	211 Globes (This econor & requests information about policies not required by the	THOTTAI TIEVET	1000	Yes	No
10a Di	d the organization have local chapters, branches, or affiliates?	!	10a		1
	"Yes," did the organization have written policies and procedures governing the activities of	such chapters.			
af	filiates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	10b		
11a Ha	is the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	1	
b De	escribe in Schedule O the process, if any, used by the organization to review this Form 990.		1/2		10/
			12a	✓	
b W	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	1	
	d the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,"	Ì		
	escribe in Schedule O how this was done		12c	✓	
	d the organization have a written whistleblower policy?		13	√	
	d the organization have a written document retention and destruction policy? d the process for determining compensation of the following persons include a review ar		14	√	. Has
	o the process for determining compensation of the following persons include a review ar			* ::	
				76.	(00)
	dependent persons, comparability data, and contemporaneous substantiation of the deliberation a	and decision?		1	
	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and organization's CEO, Executive Director, or top management official	and decision?	15a	1	
b O	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and organization's CEO, Executive Director, or top management official	and decision?			
b Ot	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and organization's CEO, Executive Director, or top management official	and decision?	15a 15b		
b Of If 16a Di	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and organization's CEO, Executive Director, or top management official	and decision?	15a 15b		→
b Of If 16a Di wi	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and organization's CEO, Executive Director, or top management official	and decision?	15a 15b		
b Of If 16a Di wi	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its	15a 15b	V V V V V V V V V V	
b Of If 16a Di wo b If pa	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its	15a 15b	V V V V V V V V V V	
b Or If 16a Di wo b If pa or Section	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its	15a 15b 16a	V V V V V V V V V V	
b Ori If 16a Di wr b If pa or Section	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its a safeguard the	15a 15b 16a 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓
b Ori 16a Di w b If pa or Section 17 Le 18 Se	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its a safeguard the	15a 15b 16a 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/
b Ori 16a Di wi b If pa or Section 17 List 18 Section	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	ar arrangement to evaluate its safeguard the	15a 15b 16a 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/
b Orlif 16a Di wi b If pa or Section 17 List 18 Section	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its safeguard the d 990-T (Section	15a 15b 16a 16b	c)(3)s	√ only)
b Original of the second of th	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its safeguard the d 990-T (Section	15a 15b 16a 16b	c)(3)s	√ only)
b Ori 16a Di with with the part of the p	dependent persons, comparability data, and contemporaneous substantiation of the deliberation are organization's CEO, Executive Director, or top management official	and decision? ar arrangement to evaluate its safeguard the d 990-T (Section edule O) ats, conflict of int	15a 15b 16a 16b	c)(3)s	√ only)

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

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

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

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

Check this box if neither the organization noi	any related	d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box, u	ot ch unies	s pe	tion more	than ones that the state of the	an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Taylor Park - President	1	4		1) 	o	
(2) Randall Beck - Secretary	1	1		\					0	
(3) Jeff Nevels - Treasurer	4	1		~					0	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)				-	-					
(10)										
(11)										
(12)	 									
(13)										
(14)							Γ			

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees		<u>10 F</u> C)	lighes	it C	ompensated E	mployees (co	ontinuea) 	<u>'</u>
	(4)	, m,			_	tion				15	1	(E)
	(A) Name and title	(B) Average					than o		(D) Reportable	(E) Reportable	l	(F) Estimated
	Halle ald the	hours per					is both or/trust		compensation	compensation 1		amount of
		week (list any			_			<u> </u>	from	related	.	other
		hours for related	를 를	stitu	Officer	Key employee	nplo	Former	the organization	organization (W-2/1099-MI		compensation from the
		organizations	없	tio	۳	퓛	st c	٩	(W-2/1099-MISC)	` -	<u> </u>	organization
		below dotted line)	١ ٦ - [na t	İ	oye	릙	l	ļ	ļ	ļ	and related organizations
			Individual trustee or director	nstitutional trustee		"	Highest compensatemployee					organization.
				8	1		e e					
(15)								\vdash		· · · · · · · ·	_	
21		·	1									
(16)						Т						
		†	1	١.			İ					
(17)						Ţ						
		1	1	ŀ								
(18)						Π						
] _		}	Ì		1	1	1	1	
(19)												
			<u> </u>			<u> </u>						
(20)												
		<u> </u>	<u> </u>		<u>L</u> .				L			
(21)										-		
]									
(22)		I										
]				_	<u> </u>				
(23)												
] _]		1				
(24)												
] _		l		}	ł		ł	}	
(25)												
			<u> </u>									
1b	Sub-total							•			0	
C	Total from continuation sheets to Part	VII, Section	n A					▶	(0	
d	Total (add lines 1b and 1c)		<u> </u>					▶			0	
2	Total number of individuals (including bu							e) w	ho received m	ore than \$10	00,000 of	f
	reportable compensation from the organ										<u> </u>	
												Yes No
3	Did the organization list any former of	ficer, direc	ctor, o	or tr	rust	ee,	key e	emp	oloyee, or higi	nest comper	nsated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ina	livid	ual				• •	3 ✓
4	For any individual listed on line 1a, is the											
	organization and related organizations							s,"	complete Sci	hedule J for	such	
	ındıvıdual											4 ✓
5	Did any person listed on line 1a receive of										ıvidual	
	for services rendered to the organization	? If "Yes," (comp	lete	Sc	hed	ule J	for:	such person	<u></u>	<u> </u>	5 ✓
Section	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Re	port compe	ensati	on f	or t	he d	calenc	dar	year ending w	th or within t	he orgar	nization's tax
	year.											
	(A)								(B)		0-	(C)
	Name and business add	uress 						\perp	Description of	services		mpensation
No co	ntractors were used.							1				
								ļ.,				
2	Total number of independent contractor							o ti	hose listed at	oove) who	10.	
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	<u> </u>					

Part	VIII	Check if Schedule C		oonse or note t	o any lino in thic	Dort VIII		
		Official in Scriedule C	Contains a resp	porise of flote ti	(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	s 1a	0				
	b	Membership dues .		0				
	С	Fundraising events .		0				
	d	Related organizations		0				
ns, Sim	е	Government grants (cor		0				
utio ier (f	All other contributions, g and similar amounts not inc						
Contribution and Other	_			233,704.64				
P P	9 h	Noncash contributions included Total. Add lines 1a-1		0		ł		
		Total. Add lines 1a-1	<u> </u>	Business Code	233,704.64			
eun	2a					<u> </u>		
æ	b							
ice	С							
Ser	d							
Ë	е							
Program Service Revenue	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2			0	11 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tiles Brus Broke	
	3	Investment income						
		and other similar amo			37.07	0	0	37.07
	4	Income from investmen	•	•	0	0	0	_0
	5	Royalties	(i) Real	(ii) Personal	0	(0	0
	6a	Gross rents	(4) 1.12	(1) (1)				
	ь	Less. rental expenses						
	c	Rental income or (loss)				144		
	d	Net rental income or	(loss)	▶	0	0	0	
	7a	Gross amount from sales of	(i) Securities	(ii) Other	Andrew Control of the State of	4 14 15	D 328 338	
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses .						100
	C	Gain or (loss)		L	987		<u> </u>	
	d	Net gain or (loss) .		<u> </u>	0	0	0	0
Revenue	8a	Gross income from fuevents (not including \$	undraising					
ě		of contributions reporte	ed on line 1c)		3 4		· ,	
		See Part IV, line 18 .			,		3 / //	: * \$
Other	b	Less: direct expenses			1 .		1	<i>A</i> ,
0	С	Net income or (loss) f	from fundraising	events . ►	0		o	
	9a	Gross income from gassee Part IV, line 19 .					٠	
	b	Less: direct expenses						<u> </u>
	С	Net income or (loss) t		vities >		O	0	<u> </u>
		Gross sales of in returns and allowance	es a					,
	b c	Less: cost of goods s Net income or (loss) f			0) 0	0	
		Miscellaneous F	levenue	Business Code				
	11a							
	b							
	C	All alban conserva					ļ	
	d	All other revenue . Total. Add lines 11a-						
	е 12	Total revenue. See			222.744.74			
		. 3.0 3.0 3.0 3.0.		····	233,741.71	<u> </u>	<u> </u>	37,07 Form 990 (2017
								. 5 500 (2011

Part IX Statement of Functional Expenses

Sectio.	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	23,826.00	23,826.00		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	۸	o		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign			}	
	individuals. See Part IV, lines 15 and 16				
		207,476.00	207,476.00		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				li:
	trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified		ì	•	
	persons (as defined under section 4958(f)(1)) and			i	
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	o	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	ol	0	0	o
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	o	o	O	ď
b	Legal	0	0	0	
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		* * * * * * * * * * * * * * * * * * *	0
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	o	a	n	ď
12	Advertising and promotion	0	0	0	
13	Office expenses	106.50	0	106.50	
14	Information technology	0	0	0	
15	Royalties	0	0	0	
16	Occupancy	0	0	0	
17	Travel	0	0	0	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	n	0	
19	Conferences, conventions, and meetings .	0		0	
20	Interest	0	0	<u> </u>	
21	Payments to affiliates	0	<u> </u>	0	
22	Depreciation, depletion, and amortization .	0	0		
23	Insurance	0	0		
24	Other expenses Itemize expenses not covered				4 3 4 4 5
	above (List miscellaneous expenses in line 24e. If				7 7 1 3
	line 24e amount exceeds 10% of line 25, column				1 1 2 2 1 1
	(A) amount, list line 24e expenses on Schedule O.)				
а	State of TN filings	220.00	0	220.00	
b	Website fees (ncsservices.org)	4,000.31		4,000.31	
c	Wire transfer fees (banks)	215.00		215.00	
d	PayPal fees	87.00		87.00	
e	All other expenses	07.00	0	07.00	
25	Total functional expenses. Add lines 1 through 24e	235,930.81		4,628.81	
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	1			}
	following SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>

P	art X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing	0	1	0		
	2	Savings and temporary cash investments	9,803.08	2	7,613.98		
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0		
S.	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	O	6	0		
Assets	7	Notes and loans receivable, net	0	7	0		
As	8	Inventories for sale or use	0	8	0		
	9	Prepaid expenses and deferred charges	O.	9	0		
i	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			1, 24		
	b	Less: accumulated depreciation 10b	0	10c	0		
	11	Investments—publicly traded securities	o	11	0		
	12	Investments—other securities. See Part IV, line 11	0	12	0		
	13	Investments-program-related. See Part IV, line 11	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11	0	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,803.08	16	7,613.98		
	17	Accounts payable and accrued expenses	0		0		
	18	Grants payable	0	18	0		
	19	Deferred revenue	0		0		
	20	Tax-exempt bond liabilities	ļo	20	0		
_	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0		
Liabilities	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			
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23			
	24	Unsecured notes and loans payable to unrelated third parties	0		0		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D					
	26	Total liabilities Add loss 17 through 25	0	26	ļ — — <u> </u>		
es Se		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		-			
Jue 1	27	Unrestricted net assets	0	27	0		
ala	28	Temporarily restricted net assets	0		0		
B	29	Permanently restricted net assets	0	29	<u> </u>		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds	9,803.08	30	7,613.98		
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0				
t A	32	Retained earnings, endowment, accumulated income, or other funds .	0				
Š	33	Total net assets or fund balances	9,803.08		7,613.98		
	34	Total liabilities and net assets/fund balances	9,803.08	34	7,613.98		
					Form 990 (2017		

	Pa	ge 12		
	<u></u>			
		<u>41.71</u>		
	235,9			
		<u> 10)</u>		
	9,8	03.08		
		0		
		0		
0				
0				
	7,6	13.98		
		П		
 -	Yes	No		
3 7480c	103	M2311		
2a				
200	2200	087/2000		
2b	GU VIIII.	Sistema de la companya dela companya dela companya dela companya de la companya d		
20	TYXXXX	520003.4		

Form 990 (2017)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
_ 1	Total revenue (must equal Part VIII, column (A), line 12)	1		233,7 <u>4</u>	1.71
2	Total expenses (must equal Part IX, column (A), line 25)	2		235,93	0.81
3	Revenue less expenses. Subtract line 2 from line 1	3		(2,189) .10)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,80	3.08
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ļ ļ			
	33, column (B))	10		7,61	13.98
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	
			***	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
_	Schedule O.		262		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	MARINE CHANGA	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	4		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		243		
O	Were the organization's financial statements audited by an independent accountant?		2b	97// XSD 4:	√ /28888/1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a			-27
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for consolidated and separate basis		1222		# (V/A)
С	of the audit, review, or compilation of its financial statements and selection of an independent according			İ	
	If the organization changed either its oversight process or selection process during the tax year, e		2c		272
	Schedule O.	xpiaiii iii		- 3	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	224	- 2	2
Sa	the Single Audit Act and OMB Circular A-133?		3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		_Sd	\dashv	<u> </u>
O	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь	1	
	- 1941 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			990	(0017
			rom	1 330 ((2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017

Employer identification number

Open to Public Inspection

Integrity Discipleship Partners 46-2247628 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). 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 331/2% 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. ☐ 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2013 Calendar year (or fiscal year beginning in) ▶ (d) 2016 (e) 2017 (f) Total **(b)** 2014 (c) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 67,032.00 293,198.38 220,210.08 278,354.64 233,704.64 1,092,499.74 levied for the revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 67,032.00 233,704.64 1,092,499.74 293,198.38 220,210.08 278,354.64 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,092,499.74 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (e) 2017 **(b)** 2014 (c) 2015 (d) 2016 (f) Total Amounts from line 4 67,032.00 293,198.38 220,210.08 278,354.64 233,704.64 1,092,499.74 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 37.07 11.99 46.35 37.23 43.39 176.03 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check ▶ □ 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	III Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)		-	
	(Complete only if you checked the						nder Part III
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support						
	dar 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
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities					, ,	
	furnished in any activity that is related to the organization's tax-exempt purpose				}		
3	Gross receipts from activities that are not an		 	 			
	unrelated trade or business under section 513		<u> </u>		L		
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			_			
	furnished by a governmental unit to the organization without charge			,	,		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						<u> </u>
þ	Amounts included on lines 2 and 3	[/	į		
	received from other than disqualified		 	ľ			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	į	l /		ļ		
_			 	ļ 		 	
С 8	Add lines 7a and 7b	A 2.4					
U	line 6.)	1 13		12 3	1. 7 ·	4 1	
Secti	on B. Total Support	<i>100</i> (100 m)	(a. 1772			Taring All States	% <u></u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	7	(5, 25) .	(0) 20 10	(4) 20.0	(0) 20	1,15.0
10a	Gross income from interest, dividends,	7				<u> </u>	
	payments received on securities loans, rents,		ŀ				
	royalties, and income from similar sources .		<u> </u>				
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b /				 		
11	Net income from unrelated business						
	activities not included in line 10b, whether	ļ	ļ		ŀ		
	or not the business is regularly carried on			ļ			
12	Other income. Do not include gain or					Ţ	
	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	he organization	n's first secon	d third fourth	or fifth tax v	par as a sect	
• •	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line			13. column (f))		15	%
16	Public support percentage from 2016 Sc					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests -2017. If the organ						
	17 is not more than 331/3%, check this box		_				_
b	331/x3% support tests - 2016. If the organi						
~~	line 18 is not more than 331/2%, check this		-			-	

Supporting Organizations

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

Section A. All Sup	porting Organizations	
		

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

	on An An Supporting Significations		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		
3а	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		
С	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	1235	1.3
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		
С	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		
5а	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		3
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		
С	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	8 62 21 1 W	55
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		9b	3797	1
С	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	37.0	, ,	\$45 ^

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

	CAV 6001330 C 330 C 1 2017	raye
Part	Supporting Organizations (continued)	TVa - LN -
11	Has the organization acconted a gift or contribution from any of the following accounts	Yes No
'' a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
a	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	on B. Type I Supporting Organizations	1
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	P. 555 F. 356 S.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
		1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	
Cooti	on C. Type II Supporting Organizations	2
Jec u	on C. Type it 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	Yes No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	33 Fac 197
	or management of the supporting organization was vested in the same persons that controlled or managed	3-1
	the supported organization(s).	1
Secti	on 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	7 7 7
	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	4 3
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
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? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
9		
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	332 36 34
	how the organization was responsive to those supported organizations, and how the organization determined	· 有 366 155
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	998 PER
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	28 22 35
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
	Schedule A (Form	n 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017			Page b
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
	10		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see		,	
instructions for short tax year or assets held for part of year):	_		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		45 4-475 MS 1 West 1
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	GA CARGO GA	
2 Enter 85% of line 1.	2	a galanti, di anti da anti da anti da anti da anti da anti da anti da anti da anti da anti da anti da anti da a	
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	N. 1985 T. W. 1997	
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	ly ın	tegrated Type III supporting	g organization (see

Part		3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets		<u> </u>	
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	-
	(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			
_		(i)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	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	, , , ,		and the second
	instructions.	1 1 1 1 1 1 1 1 1 1 1 1 1		
3	Excess distributions carryover, if any, to 2017	and the second	Frank Comment	
a	CONTROL OF THE PROPERTY OF THE STATE OF THE			
b	From 2013			3. 3. 3. 4. 4. C. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
c	From 2014	are Burney War in	12 33 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1468 40 Ball 18 18 18
d_	From 2015			
e	From 2016			
f	Total of lines 3a through e		(86, 745,943 / 78	
g	Applied to underdistributions of prior years	700 y 700 y		
<u>h</u>	Applied to 2017 distributable amount		Carlon Barrier	77 100 1 100 100 100 100 100 100 100 100
i_	Carryover from 2012 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		1 S. 1 S. 1 S. 1 S. 1 S. 1 S. 1 S. 1 S.	9 (4 N W XX) VEXA
4	Distributions for 2017 from			21. 3. 3. 3. 3. 3. 5. 6. 7a
	Section D, line 7:			
a	Applied to underdistributions of prior years	CARA CONTRACTOR		
b	Applied to 2017 distributable amount			7,7
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if		A 70000 W	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			7 11111
	and 4b from line 1. For result greater than zero, explain in		·3,	
	Part VI. See instructions.	, , , , , , , , , , , , , , , , , , ,	, ,	
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.		*	
8	Breakdown of line 7:		*/	1,, 1, 2, 1,
a	Excess from 2013			3 9 %
b	Excess from 2014			. :
С	Excess from 2015			<u> </u>
d	Excess from 2016	······································		<u> </u>
e	Excess from 2017	, <u>, , , , , , , , , , , , , , , , , , </u>		i
				· · · · · · · · · · · · · · · · · · ·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Integrity Discipleship Partners 46-2247628 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 ☑ Yes □ No 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.) (c) Number of (a) Region (b) Number of offices in the (d) Activities conducted in the region (by type) (such as, (e) If activity listed in (d) is (f) Total expenditures for employees, agents, and independent a program service, describe specific type of service(s) in the region fundraising, program services, investments, grants to recipients located in the region) region and investments in the region contractors in the region (1) Czech Republic 0 0 Program services Discipleship / training \$185,001.00 (2) Romania 0 0 Program services Discipleship / training 22,475.00 (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17) За Sub-total \$207,476.00 Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

\$207<u>,476.00</u>

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

	Part IV,	line 15, for a	ny recipient who re	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II car	n be duplicated if a	dditional space is need	needed.	
-	(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 noncash assistance	(h) Description of noncash assistance	(l) Method of valuation (book, FMV, appraisal, other)
_ <u>P</u>			Czech Republic	Staff salaries/progra	\$80,222.00	\$80,222.00 wire transfer	0		
<u> </u>			Czech Republic	Church programs	\$79,529.00	\$79,529.00 wire transfer	0		
<u> </u>			Czech Republic	Education/salary	\$25,250.001	\$25,250.00 wire transfer	0		
<u> </u>			Romania	Church programs	22,475.00	22,475.00 wire transfer	0		
(Q		\$ \$							
මු	,								
<u></u> §									
_ @									
(00)									
[M]									
(39)									
(BX)									
(99)									
(O)					i				

Enter total number of other organizations or entities ၉

Schedule F (Form 990) 2017

Page 3

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (1) None Part III Ø ପ୍ର <u>£</u> (2) (10 9 ε (8) <u>6</u> (11) (12) (13) (14) (15) (16) (17) (18)

Page	4

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; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ 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; don't file with Form 990)	☐ Yes	☑ No

Part V

Supplemental Information

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

To receive grant funds, foreign organizations must complete a grant application. The board of Integrity Discipleship Partners reviews the
application in detail to ensure the requesting organization meets the mission and purpose criteria. If the application is approved and funds
are provided, the receiving organization must provide the following reports on a semi-annual basis:
a. Grant Project Report - a narrative describing organization activities, goals achieved since the last report, objectives for the next
reporting period, and challenges faced in meeting stated goals.
b. Grant Fund Transaction Report - a spreadsheet listing the funds transferred to the receiving organization with a section for the
organization to detail how the funds were used.
These reports are reviewed by the treasurer and findings reported at the next board meeting. In addition to the above reports, at least one
board member travels to the Czech Republic every other year or so and meets with receiving organization leaders there to observe
organization activities, particularly with the largest recipient, Integrity Life located in Brno (CZ).

<u> </u>
<u></u>

SCHEDULE (Form 990)

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

OMB No 1545-0047 2017

	t information.
	for the latest i
Attach to Fo	ov/Form990
	Š

mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ing the use of grant funds in the United States. Ing the use of grant funds in the United States. Ing the use of grant funds in the United States. In decrements 5,000. Part lican be duplicated if additional space is needed. In decrements 5,000. Part lican be duplicated if additional space is needed. In decrements 5,000. Part lican be duplicated if additional space is needed. Internation S23,826.00 Internation S23,826.00 Internation S23,826.00 Internation Internatio	Department of the Treasury Internal Revenue Service			▼ Go to	► Attach to Form 990. • Go to www.irs.gov/Form990 for the latest information.	Attach to Form 990. gov/Form990 for the latest inf	formation.		Open to Public Inspection
ntain records to substantate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance? annzation's procedures for monitoring the use of grant funds in the United States. Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere to a sessitance to Domestic Governments. Complete if the organization answere to a sessitance to Domestic Governments. Complete if the organization answere to a sessitance to Domestic Governments. Complete if the organization answere to find applicable if applicable if the organization answere to the IRN (e) IRN grant (d) Amount of cash	Name of the organization							5	ployer identification number
mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and mount of the grants or assistance, the grantees' eligibility for the grants or assistance. Initiations and Domestic Governments. Complete if the organization answered more than \$5,000. Part II can be duplicated if additional space is needed. Initiations and Domestic Governments. Complete if the organization answered more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of cash assistance on the form of the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance on the following more assistance of the following more assistance on the following more assistance on the following more assistance of the following more assistance of the following more assistance on the following more assistance of the following more assist	Integrity Discipleship Pa	irtners							46-2247628
mount of the grants or assistance, the grantees' eligibility for the grants or assistance, a ring the use of grant funds in the United States. In a function of grant funds in the United States in the Grant funds in the United States in the Grant funds in the United States in the Grant funds in the United States in the Grant funds in the United States in the Grant funds in the United States in the United States in the Grant funds in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United States in the United Stat		Information on Gra	ants and	Assistance					
Ing the use of grant funds in the United States. Initiations and Domestic Governments. Complete if the organization answered in more than \$5,000. Part II can be duplicated if additional space is needed. Initiations and Domestic Governments. Complete if the organization answered in more than \$5,000. Part II can be duplicated if additional space is needed. States and assistance assistance and more and assistance and assis	1 Does the organ the selection cr	ization maintain recor Iteria used to award tl	ds to subsi he grants o	tantiate the amo	unt of the grants or	r assistance, the g	grantees' eligibility	for the grants or assista	× (2)
**************************************		t IV the organization's	s procedure	s for monitoring	the use of grant fu	inds in the United		•	<u>s</u>
### (d) Amount of cash assistance (book, FMV, appraisal, other) (g) Description of cash assistance (book, FMV, appraisal, other) (g) Description of cash assistance (book, FMV, appraisal, other) (g) Description of cash assistance (book, FMV, appraisal, other) (https://dock.org/pressel-other) (https://dock.org/pre	L	nd Other Assistan IV, line 21, for any	ce to Don recipient t	nestic Organi hat received m	zations and Don lore than \$5,000.	nestic Governm Part II can be d	nents. Complete	if the organization artional space is neede	Iswered "Yes" on Form d.
\$23,826.00 0 0 N/A N/A Suppression of the line of table	1 (a) Name and address of or government	organization (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	<u> </u>
Pra Integrations listed in the line 1 table	(1) CORD Ministries It	-	813499		\$23.826.00		A/N		Support for pastor of
Pra Pra Pra Pra Pra Pra Pra Pra Pra Pra	(2) Wickenburg, AZ 8								International Church o
nizations listed in the line 1 table	(6)								Prague Czech Renubl
nizations listed in the line 1 table	(4)								
Inzations listed in the line 1 table	(5)								
Inzations listed in the line 1 table	(9)								
lizations listed in the line 1 table	(2)			1 1					
nizations listed in the line 1 table	(8)								
uzations listed in the line 1 table	(6)								
inzations listed in the line 1 table	(10)					6 9 9 9 9 19			
inzations listed in the line 1 table	(11)								
nizations listed in the line 1 table	(12)								
10g		oer of section 501(c)(3	3) and gove	rnment organiza	tions listed in the li	ine 1 table			
	3 Enter total num	ser or other organizati	ions listed	ri trie line i table					0

Schedule 1 (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) Receipts / documentation from CORD Ministries, and personal knowledge of board member of pastor duties at the International Church of Prague. (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 None Part IV Part III N S ო ဖ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Integrity Discipleship Partners

ion.

46-2247628

Employer identification number