# **Return of Organization Exempt From Income Tax**

2018

Department of the Treasury

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 206

Open to Public

inte	mai Hevenu		do to www.irs.gov/rormsso for instructions and the latest in			inspection						
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning July 1 , 2018, and ending	<u> </u>	June	, 20 19						
В	Check if a	pplicable	C Name of organization Integrity Discipleship Partners		D Employ	er identification number						
	Address o	hange	Doing business as			46-2247628						
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/surf	te	E Telepho	ne number						
	Initial retu	m	8653 Riverchase Drive		901-831-5122							
	Final return	√terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amended	retum	Germantown, TN 38139		<b>G</b> Gross re	eceipts \$ 279,646.54						
	Applicatio	n pending	F Name and address of principal officer Taylor Park, President	H(a) Is this	a group return for	subordinates? Yes V No						
			7905 Cross Village Dr., Germantown, TN 38138	H(b) Are	all subordinate	s included? Ves No						
$\overline{}$	Tax-exem	pt status	✓ 501(c)(3)	Jf.	"No," attach a	a list (see instructions)						
J	Website:	<b>&gt;</b>		H(c) Gro	up exemption	number >						
ĸ	Form of or	ganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati	on <b>201</b>	3 M State	of legal domicile TN						
Р	art I	Summ	ary									
	1 6	Briefly de	scribe the organization's mission or most significant activities: Promot	e religious	education	and discipleship						
မွ	1		nally, encouraging Christian believers to become leaders in their communit									
Activities & Governance	-		include college campus meetings and church programs.									
E			is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed o	f more th	an 25% of	its net assets.						
Š			of voting members of the governing body (Part VI, line 1a)		.   3	4						
æ			of independent voting members of the governing body (Part VI, line 1b)		. 4	4						
es			1 1 1 1 1 1 1 1 1 1 0040 (D. 1341 0.)		. 5	0						
Š	1		nber of volunteers (estimate if necessary)		. 6	0						
Şç	J		elated business revenue from Part VIII, column (C), line 12		7a	0						
_	1		ated business taxable income from Form 990-T, line 38		. 7b	0						
_	<del>  ~ '</del>	tot anici	ated business taxable income from 1 offit 550 1, line 55	Prior		Current Year						
	8 (	Contribut	ions and grants (Part VIII, line 1h)		233,704.64							
Ē	1			ה	233,704.64	279,646.54						
Revenue	1	•	nt income (Part VIII, line 2g)	70	27.07	40.57						
æ	11 (	Other rev	2010 (Port VIII and Jump (A) Jump E 6d 80 00 10 10 10 dd 110)	<u> </u>	37.07 0	48.57						
			enue —add lines 8 through 11 (must equal Part VIII, @pumn (A), line 12)			070.005.11						
—	<del></del>				233,741.71							
			nd similar amounts paid (Part IX, column (A), lines 1-3)	177	231,302.00							
	14- /		paid to or for members (Part IX, column (A), line 4 . OGDEN, L	<u> </u>		0						
Expenses	15 5		other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0						
Ë	16a		anal fundraising fees (Part IX, column (A), line 11e)		0	0						
ន្ត	<b>b</b> ]		draising expenses (Part IX, column (D), line 25)		<u> </u>							
_	''		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,628.81	3,504.89						
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		235,930.81	253,556.43						
		Revenue	less expenses. Subtract line 18 from line 12	· · · · · · · · · · · · ·	(2,189.10)							
200	20 21 22		<u> </u>	eginning of	Current Year	End of Year						
Sset	20		ets (Part X, line 16)		7,613.98							
A P	21		ilities (Part X, line 26)		0							
ZZ	22 1		s or fund balances. Subtract line 21 from line 20		7,613.98	33,752.66						
	art II		ure Block									
Un	der penalti	ies of perju	ry, I declare that I have examined this return, including accompanying schedules and staten	nents, and to	o the best of i	my knowledge and belief, it is						
tru	e, correct	and compl	etc/Declaration of preparer (other than officer) is based on all information of which preparer	mas any kno	wieuge	<del> </del>						
۵.		1	711109 111 11000		24	emer,						
Sig	1.31	Sign	ature of office/		Date	2019						
He	re Z	ل '		asw	rer							
	Z	<del>,</del>	or print name and fittle									
Pa	id 💾	Pnnt/Ty	pe preparer's name Preparer's signature Dat	te	Check	T I PTIN						
	eparer		<u></u>		self-em	ployed						
	e Only		ame 🕨		ırm's EIN 🕨							
_			ddress ▶	F	hone no							
Ма	y the IRS	S discuss	s this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No						
Ear	Danon	ork Bade	otion Act Notice see the congrete instructions Cat No	11292V		Form 990 (2018)						

Form 99	0 (2018) Page <b>2</b>
Part	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:
•	Promote religious education and discipleship internationally, encouraging Christian believers to become leaders in their
	communities, schools, and governments.
	Communities, Schools, and Governments.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 133,801.00 including grants of \$ 133,801.00) (Revenue \$ )
	Integrity Life, Czech Republic. Outreach programs to university students in the Czech Republic and Slovakia.
	Approximately 3,500 students participated in English camps, sports camps, student conferences, and Bible studies.
	Approximately 100 students were mentored by In-Life staff members and student leaders. [Foreign organization.]
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4b	(Code: ) (Expenses \$ 55,016.00 including grants of \$ 55,016.00 ) (Revenue \$ )
40	International Church of Prague (located in Prague, Czech Republic) provides religious celebration, worship services, spiritual
	education to children and adults, and relational coaching to strengthen the common good of the congregation averaging 250 people
	each week including many U.S. expatriates. Other services include food and shelter to homeless individuals, and ministry to
	refugees and victims of human trafficking. [Foreign organization.]
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	,
4c	(Code: ) (Expenses \$ 23,301.00 including grants of \$ 23,310.00) (Revenue \$ )
	CORD Ministries International is the sending agency for the pastor of the International Church of Prague, Prague, Czech Republic.
	[Domestic organization.]
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 37,933.54 including grants of \$ 37,933.54) (Revenue \$ )
4e	Total program service expenses ▶ \$250,051.54

BAFO

art	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>✓</b>	
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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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		<b>√</b>
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		✓
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	<u>-</u> _	1
e	Did the organization report an amount for other liabilities in Part X, I'ne 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	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		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>/</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	<b>✓</b>	
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		<b>✓</b>
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		<b>✓</b>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>✓</b>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	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		<b>-</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	<u>·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	. 33	"
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		<b> </b>
	reportable gaming (gambling) winnings to prize winners?	1c		<u>L</u>

Part	V: Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			201
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
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	- 100 A	<b>/</b>
b	If "Yes," enter the name of the foreign country:			. 4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		2, 2015;	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
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			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		}
_	gifts were not tax deductible?	6b	िक्सील्डम <u>स्ट</u> ी	87 st3st
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u>સ્ટ્રિસ</u>	
	and services provided to the payor?	7a 7b		<b>-</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D_	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
A	required to file Form 8282?	7c	() THE	**************************************
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	38,370.2	1
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	73863	Min.	\$ES
Ū	sponsoring organization have excess business holdings at any time during the year?	8	-130 <del>2</del> 16.40	in Action
9	Sponsoring organizations maintaining donor advised funds.			N. A.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		***************************************
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	A COMPANY	HARLE	<b>Politi</b>
а	Initiation fees and capital contributions included on Part VIII, line 12		i e	2
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:	27 (S)		
а	Gross income from members or shareholders		经为	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u> </u>		33 FA
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	a Cita su	528 AB
ь	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		聯組	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	17.50	10 m
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	SOURCES ES	1006.39-89
	Note. See the instructions for additional information the organization must report on Schedule O.		9	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	140	<b>金属等</b>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<b>-</b>
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?		227	N.JA
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	200 LA	J
10	If "Yes," complete Form 4720, Schedule O.	\$488	in the same of	C194
	ii res, complete i utili 47.20, Schiedule O.	F4 3 1884	E285.47.5	mm 19

Did the organization have local chapters, branches, or affiliates?  b   f "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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a	Part \				
Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year.  If there are materal differences in voting nights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management company or other person?  4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, director, frustee, or key employees to a management company or other person?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Are any operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization have memporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization the memporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization have written policies and provedures governing the Archives of such chapters, and finance of the organization and the provention about policies not required by the Internal Revenue Code.  10a Did the organization have local chapters, branches, or affiliates?  1 If "Yes," did the organization have a written policies and procedures governing the activities o					
a Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent  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 employees?  3 Did the organization dependent of the governing body or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b If the organization have a written polices and procedures governing the activities of such chapters, affiliates, and by employee isted in Part VII, Section A, who					<b>✓</b>
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Did the organization have local chapters, branches, or affiliates?  b   f "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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			✓
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b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b 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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c ✓  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the organization have a written document retention and destruction policy?  16 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?  16 Did the organization's CEO, Executive Director, or top management official  17 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  18 F "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?  19 List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee  10 Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for pu	40.	D. Life a constant of the character of the constant of the con	40-	Yes	
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Did the organization have a written document retention and destruction policy?	С	describe in Schedule O how this was done	12c	✓	
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?  The organization's CEO, Executive Director, or top management official	13		$\vdash$	✓_	
a The organization's CEO, Executive Director, or top management official	14		14	✓_	" t ces a
b Other officers or key employees of the organization	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?			
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		15b	<u> </u>	্ত্ৰেপ্তক্ৰেৰ চৰ
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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?	16a				<b>✓</b>
organization's exempt status with respect to such arrangements?	b				
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► Tennessee</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain in Schedule O)</li> </ul> </li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> </ul>			16b		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li></ul></li></ul>	Section	on C. Disclosure			
<ul> <li>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> </ul>	17		,		
<ul> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> </ul>	18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion (	501(c)
20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest (	policy	, and
	20		cords	<b>&gt;</b>	
		Jeff Nevels, 8653 Riverchase Drive, Germantown, TN 38139 - Treasurer			

Page	4

Form	000	1201	0

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, 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 employees."
- 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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos neck ss pe	c) intion more	e than o	one n an tee)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Instrtutional 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	11	✓		1					0	0
(2) Daryl Vrbas - President	11	1		1					_ 0	0
(3) Randall Beck - Secretary	1	1		1					o	0
(4) Jeff Nevels - Treasurer	4	<b>√</b>		1					0	0
(5)	_									
(6)		.,,								
(7)	<b></b>									
(8)										
(9)										<del></del>
(10)						_	_		-	
(11)							_			
(12)	<u> </u>					_				
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles er and	eck is pe	rson	than both Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u>&amp;</u> _					
(16)											-	
(17)											_	
(18)									-			
(19)												<del></del>
												<del></del>
(21)								-	<u> </u>		-	
(22)								<u> </u>				
·												<del></del>
(24)			_			H						<del></del>
(25)												·
1b c d	Sub-total	VII, Section	<u> </u>	•	·		• •	▶ ▶ •) W	0 0 0 ho received m		0 0 00,00	0 0 0
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc Schedule J	for su	ıch .	ındı	vidi	Jal					3 /
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	150,I	000	? <i>l</i> :	f "Ye ·	s," ·	complete Sch	nedule J for	r suc	4
5 Section	for services rendered to the organization on B. Independent Contractors										· · ·	5 1
1	Complete this table for your five highest compensation from the organization. Repyear.											
-	(A) Name and business add	ress	_						(B) Description of s	ervices		(C) Compensation
No cor	ntractors were used.											
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	,	

Par	i VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII										
ET BARRATOIA	South and the second	Check if Schedule C	) contains a res	ponse or note t				· · · · · · · · · · · · · · · · · · ·				
				Service of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue Revenue excluded from tax under sections 512–514				
nts	1a	Federated campaigns		0	n manageronding (2) managini Sept Pare	minormalian particular anno a	ningili, dagilda, dagila, et brimanina - mili dagila					
Contributions, Gifts, Grants and Other Simitar Amounts	b	Membership dues .	1b	0	1111	100		100				
	С	Fundraising events .		0	in a second		ti t					
E F	d	Related organizations		0		100		<b>2. 我</b> 真"。				
ns,	е	Government grants (cor		0	A Week	44						
er S	f	All other contributions, g					A STATE OF THE STA					
년 된		and similar amounts not inc	L	279,646.54	A CONTRACTOR OF THE STREET		10-7	The state of the s				
Contributions, Gifts, and Other Simiar Ar	9	Noncash contributions includ	•			P3 145	Part of the second	10.75 (6.64)				
	h	Total. Add lines 1a-1	<u> </u>	<u> ▶</u>	279,646.54	754 Color St	F	11.				
Ę.	٠.			Business Code	THE STATE OF	AND STREET	JUST THE	and the second second				
eve	2a					<del> </del>						
ě	b					<u>'</u>						
ξ	C	4						<del></del>				
တ္တိ	. d						<del></del>					
Program Service Revenue		All other program ser	VICA rovanua	<del></del>		<del></del>						
ě	'g	Total. Add lines 2a-2			0	17.674						
	3	Investment income			-		0004100 \$20000000000000000000000000000000000					
	}	and other similar amo			48.57	o	l	\ 48.57				
	4	Income from investmen	t of tax-exempt be	ond proceeds ▶	0	<del></del>		O				
	5	Royalties			/ 0	, 0	0	C				
			(i) Real	(ii) Personal		J*1	194	***				
	6a	Gross rents		`		16.0	1000000	70				
	· b	Less. rental expenses			THE STATE OF	110	d there					
	С	Rental income or (loss)		<u> </u>	開発がある。	1163	10 F (4 F 1)					
	d	Net rental income or	<del></del>	🏖	0	0	0	0				
,	7a	Gross amount from sales of	(i) Securities	(ii) Other	40 - 31 or - 27 i	and the section of th						
		assets other than inventory				30		18 PF 18				
	b	Less cost or other basis		,	100			100				
	_	and sales expenses	·			# 1. X	(A) [2]					
,	C	Gain or (loss)	<u> </u>		39.296	3	Set al Lord Title					
•	, d	Net gain or (loss) .			0	U	0					
evenue	8a	Gross income from fu events (not including \$	ındraising									
ě		of contributions reporte	ed on line 1c).			- 190	W. Line	100				
<u> </u>		See Part IV, line 18 .	•	}		1.00	100	<b>17</b> (1)				
Other	b	Less: direct expenses	s <b>b</b>		14.0	1 1 1 2 2 3 1 1 2 3 1 1 1 1 1 1 1 1 1 1						
•	С	Net income or (loss) f	rom fundraising	events . >	0	illia (Ka	0	. 0				
	9a	Gross income from ga				Test	16	A STATE OF STREET				
	,	See Part IV, line 19				101	fig. at					
	b	Less: direct expenses										
	C	Net income or (loss) f		vities ▶	0	0	0					
	10a	Gross sales of in			100	Transfer of the						
		returns and allowance	•	·	3.43	Grand Marie	18.7	1				
	i .	Less: cost of goods s			A. C.		2022 American					
	C	Net income or (loss) f			0	C		0				
	44	Miscellaneous A	revenue	Business Code	T. T	EAFE MADE OF	ALCOHOLY.	7 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				
,	11a						<del></del>					
	b						<del> </del>	<del> </del>				
ı	, d	All other revenue					<del> </del>	ļ				
	d e	All other revenue . <b>Total.</b> Add lines 11a-	 .11d			Arr are	40000000000000000000000000000000000000					
	12	Total revenue. See II			279 695 11	A 14	· · · · · · · · · · · · · · · · · · ·	// AQ 57				

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete_co	olumn (A). "	
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX			Ī
	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	( <b>D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21	23,310.00	23,310.00			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0				
3	Grants and other assistance to foreign			The second second	COO MARKET STATE	
	organizations, foreign governments, and foreign			Day of the State of		Š
	individuals. See Part IV, lines 15 and 16	226,741.54	226,741.54			8
4	Benefits paid to or for members	0	0	The Mark States		3
5	Compensation of current officers, directors,					
	trustees, and key employees	0	0	0		0
6	Compensation not included above, to disqualified	1		[		
•	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0		0		0
7	Other salaries and wages	0	0	0		0
8	Pension plan accruals and contributions (include					
_	section 401(k) and 403(b) employer contributions)	0	0	0		0
9	Other employee benefits	0	<del></del>			0
10	Payroll taxes	0	0	0		0
11	Fees for services (non-employees):			_		
a	Management	0	· · · · · · · · · · · · · · · · · · ·		<del></del>	0
b	Legal	0		0	<del></del>	<u>0</u>
ď	Lobbying			0	<del></del>	<u> </u>
e	Professional fundraising services. See Part IV, line 17					7
f	Investment management fees	0	[644] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 184 - 5 " - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		7
g	Other (If line 11g amount exceeds 10% of line 25, column		<u>-</u>			
•	(A) amount, list line 11g expenses on Schedule O.)	٥	٥	0		0
12	Advertising and promotion	0	0	0		0
13	Office expenses	57.06	0	57.06		0
14	Information technology	0	0	0		0
15	Royalties	0	0	0		0
16	Occupancy	0	0	0		0
17	Travel	0	0	0		0
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0		0		0
19	Conferences, conventions, and meetings		0			0
20	Interest	0	0	0		0
21	Payments to affiliates					0
22	Depreciation, depletion, and amortization .	0	- 0	0	<del></del>	0
23	Insurance	U	O Carlo Maria Carlo Maria	0		0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	lied.				
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					激力
а	State of TN filings	180.00	DESTRUCTION OF STREET STREET STREET	180.00	1 1942 / Sale / Jack	0
b	Website fees (ncsservices.org)	3,188.83	<del></del>		<del></del>	0
C	PayPal fees	79.00				0
d		0		0		0
е	All other expenses	0	0	0		0
<u>2</u> 5	Total functional expenses. Add lines 1 through 24e	253,556.43	250,051.54	3,504.89		0
26	Joint costs. Complete this line only if the					
	organization reported in column (B) joint costs from a combined educational campaign and	1				
	fundraising solicitation. Check here			}		
	following SOP 98-2 (ASC 958-720)	i .	I	I		

, P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	o	1	0
	2	Savings and temporary cash investments	7,613.98	2	33,752.66
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,	644,000,000	W/4/4	100
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ş		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	0	8_	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	_	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,613.98		33,752.66
	17	Accounts payable and accrued expenses	7,013.98		33,732.00
	18	Grants payable	0		0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	)		0
တ္က	22	Loans and other payables to current and former officers, directors,		AND CASE	
Liabilities		trustees, key employees, highest compensated employees, and		AK,	10 12 10 10 10 10 10 10 10 10 10 10 10 10 10
į		disqualified persons. Complete Part II of Schedule L	0	-	0
-	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	,		
	•	of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ë	27	Unrestricted net assets	o	27	0
Bal	28	Temporarily restricted net assets	0	28	0
g	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds	7,613.98	30	33,752.66
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		00,702.00
As	32	Retained earnings, endowment, accumulated income, or other funds		_	0
É	33	Total net assets or fund balances	7,613.98		33,752.66
_	34	Total liabilities and net assets/fund balances	7.613.98		33.752.66
					Form <b>990</b> (2018)

Page <b>12</b>
279,695.11
253,556.43
26,138.68
7,613.98
0

. Form 990 (2018)

Part	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	:	279,6	95.11
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	253,5	<b>56.4</b> 3
3	Revenue less expenses. Subtract line 2 from line 1	3		26,1	38.68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,6	13.98
5	Net unrealized gains (losses) on investments	5			C
` <b>6</b>	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			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		33,7	52.6E
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	$\overline{}$	• •	<u> </u>
_			Programme in	Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	PROBET.	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipiled or			
	reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis				10
<b>.</b>	Were the organization's financial statements audited by an independent accountant?		2b	363.0	
U	- · · · · · · · · · · · · · · · · · · ·		20 B	GA TOTAL	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	wareight	A 264 3	THE STATE OF	TO SERVICE
·	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		
	If the organization changed either its oversight process or selection process during the tax year, e				110
	Schedule O.	., р.ш		4	
. За	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth in	A	- annoise !	Marine State of State
	the Single Audit Act and OMB Circular A-133?	4	3а		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b	- 1	
		•	Form	990	(2018
		50			

### **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 chantable trust. ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

integ	rity Dis	scipleship Partners	<u>.</u>				46-22	
Pai	_	Reason for Public Cha						ns.
		zation is not a private founda		•			· · · · · · · · · · · · · · · · · · ·	~-1
1		church, convention of churc						<i>f</i> ) /
2		school described in section						$\cup$ $ $
3		hospital or a cooperative hospital		•				(iii) Enter the
4		medical research organizationspital's name, city, and state		onjunction with a nost	Jilai desc	noeu iii s	ection (70(b)(1)(A)	un). Enter the
5		n organization operated for		college or university	owned o	r operate	d by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Com		conego or armorenty	000	. ороган	a by a government	a. a.m. accom.
6		federal, state, or local govern		mental unit described	l ın sectio	on 170(b)	(1)(A)(v).	
7	✓ Ar	n organization that normally	receives a subs	tantial part of its sup				n the general public
	de	escribed in <b>section 170(b)(1)</b>	(A)(vi). (Complet	e Part II.)				
8	□ A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organ runiversity or a non-land-gra						
		niversity:						
10	∐ Ar	n organization that normally i ceipts from activities related	receives: (1) mor	e than 331/3% of its su	upport fro	m contri	butions, membership	p fees, and gross
	SL	ipport from gross investmen	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
		equired by the organization a						
11		n organization organized and	•	•	•			
12		n organization organized and fone or more publicly suppo						
		heck the box in lines 12a thro	•		•			, ,, ,
а	_	Type I. A supporting organ	-		_	-		-
-		the supported organization	•	• •	-		•	
		supporting organization. Y						
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of				persons	that control or man	age the supported
		organization(s). You must	-					
С		Type III functionally integ						ally integrated with,
	_	its supported organization(	·	•				
d		Type III non-functionally integrated that is not functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated that it is not function						
		requirement (see instruction						iu an attentiveness
е		Check this box if the organ	•	•		•		all Type III
·		functionally integrated, or	Type III non-func	tionally integrated sur	pporting (	organizat	atitis a Type i, Type ION.	еп, туретп
f	Ente	er the number of supported of						
g		vide the following information	-	orted organization(s).	ı			
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docui	ir governing ment?	support (see instructions)	other support (see instructions)
					\	N -	,	,
					Yes	No		
(A)								
(B)		<del></del>						
(D) ——								
(C)								
(D)								
	-							
(E)								

Part II

(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 Calendar year (or fiscal year beginning in) ▶ **(b)** 2015 (d) 2017 (e) 2018 (f) Total (a) 2014 (c) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 233,704.64 293,198.38 220,210.08 278,354.64 279,646.54 1.305,114:28 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 293,198.38 220,210.08 278,354.64 233,704.64 279,646.54 1,305,114.28 The portion of total contributions by person each (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 1,305,114.28 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 '. . . . . . 220,210.08 293,198.38 278,354.64 233,704.64 279,646.54 1,305,114.28 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 46.35 37.23 43.39 37.07 48.57 212.61 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.) . . . . . . . Total support. Add lines 7 through 10 11 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 2018 (line 6, column (f) divided by line 11, column (f)) . . . . 99.98 % Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2018. 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 b 10%-facts-and-circumstances test - 2017. 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

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

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Inspec

Employer identification number

ity Discipleship Partners				14	6-2247628
		ties Outside	the United States. Con	nplete if the organization a	answered "Yes" on
other assistance, the grante	es' eligibility	for the gran	ts or assistance, and the		✓ Yes □ No
For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants an	d other assistance
Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Czech Republic	0	0	Program services	Discipleship / training	208,467.00
Romania	   o	o	Program services	Discipleship / training	18,274.54
		,			
		. <u>.</u>			
		,			
					<del>                                     </del>
- Cubtotal			Charles	47.27 · 1 / 17 · 18 · 18 · 18 · 18 · 18 · 18 · 18 ·	226 744 54
Total from continuation					226,741.54
	Form 990, Part IV, line  For grantmakers. Does the other assistance, the grante award the grants or assistant  For grantmakers. Describe outside the United States.  Activities per Region. (The form	General Information on Activity Form 990, Part IV, line 14b  For grantmakers. Does the organization other assistance, the grantees' eligibility award the grants or assistance?  For grantmakers. Describe in Part V the outside the United States.  Activities per Region. (The following Part (a) Region (b) Number of offices in the region  Czech Republic 0  Romania 0  Subtotal  Total from continuation	General Information on Activities Outside Form 990, Part IV, line 14b  For grantmakers. Does the organization maintain re other assistance, the grantees' eligibility for the gran award the grants or assistance?  For grantmakers. Describe in Part V the organization outside the United States.  Activities per Region. (The following Part I, line 3 table of offices in the region  Czech Republic  O  O  Romania  O  O  Subtotal Total from continuation	General Information on Activities Outside the United States. Con Form 990, Part IV, line 14b  For grantmakers. Does the organization maintain records to substantiate the a other assistance, the grantees' eligibility for the grants or assistance, and the saward the grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monitoring outside the United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if addition (a) Region (b) Number of official services in the region (b) Number of contractors in the region (b) Program services (contractors in the region)  Czech Republic 0 0 Program services  Czech Republic 0 0 Program services  Subtotal  Total from continuation	General Information on Activities Outside the United States. Complete if the organization of Form 990, Part IV, line 14b  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?  For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and outside the United States.  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 (b) Number of offices in the region (b) region (b) region (b) region (c) Activities conducted in the region (b) region (c) Activities conducted in the region (c) region (c) Activities conducted in the region (c)

c Totals (add lines 3a and 3b)

226,741.54

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part | Grants and American Am

ומונועי	III 10, 101 BI	aitiv, inic 10, 101 any tecipient wild receiv		J,000. I alt II cal	ed more trian 40,000. I are in can be duplicated in additional space is needed.	Julional space is	Jeeged.	
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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Czech Republic	Staff salaries/progra	133,801.00	133,801.00\wire transfer	0		
(S)		Czech Republic	Church programs	55,016.00	55,016.00wire transfer	0	,	
(5)		Czech Republic	Education/salary	19,650.00	19,650.00 wire transfer	0		
(4)		Romania	Church programs	18,274.54	18,274.54 wire transfer	0		
(5)		!						
(9)								
, ( <b>σ</b> )		·						
(8)		!						
(6)								
(01)				,			,	
(DI)								
(13)	1000							
(14) Electrical (19)								
(15)			•	£				
(16)								
2 Enter total nur by the IRS, or	mber of recipies for which the g	nt organizations list grantee or counsel h	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 ▶	gnized as charities 501(c)(3) equivalei	s by the foreign count ncy letter	ry, recognized as ta	x-exempt ▼	4
3 Enter total nu	mber of other o	Enter total number of other organizations or entities	ties seit				•	1
							School	Schodule F (Form 990) 2018

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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. Part III

Schedule F (Form 990) 2018 (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 3 (13) (10) (12) **4**5 (15) (16) (17) (18) 3 6 (3) <u>£</u> <u>(3</u> 9 <u>®</u>

Part	V Foreign Forms	_	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	<b></b> ✓ 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	<b></b> ✓ 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).

### 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.

20**18** 

Employer identification number

46-2247628

Department of the Treasury Internal Revenue Service Name of the organization

Integrity Discipleship Partners

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Form 990 Part III, line 4d: \$19,650.00 to Rivenhill Alliance z.s. in Prague, Czech Republic. It provides ESL education in Czech Republic public schools. It also facilitates educational internships and Christian discipleship opportunities. [Foreign organization.] Also, \$12,600.00 was distributed to Eclesia and \$5,675.00 donated to Way of Joy, both ministries in Romania [foreign organizations] whose respective purposes are in line with that of Integrity Discipleship Partners. Form 990 Part VI, line 11b: the final version of the annual Form 990 is presented to the directors and reviewed in detail at a board meeting. Form 990 Part VI, line 12c: the Conflict of Interest Policy clearly outlines each board members' duty to report an actual or possible conflict of interest to the other board members for evaluation and disposition. This policy is reviewed and affirmed annually by all board members. Form 990 Part VI, line 15a & 15b: none of the organization's board members (directors) receive compensation. Form 990 Part VI, line 19: the statement "Copies of governing documents, the conflict of interest policy, and financial statements are available upon request. Requests can be forwarded to integrity discipleship partners@gmail.com" is posted to donation receipts and the ncsservices.org donation website.