	<u>. 9</u> 9	20	Return of Organization Exempt From Inc	come T	ax	OMB No 1545-0047
For	•	-	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	ent nrivate i	oursdation	2019
(Rev	/ Januar	y 2020)	Do not enter social security numbers on this form as it may be			,"
		of the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest	-		Open to Public Inspection
A			dar year, or tax year beginning 1 July , 2019, and ending		June	, 20 20
В		applicable:	C Name of organization Integrity Discipleship Partners		_	loyer identification number
	Address	change	Doing business as		7	46-2247628
	Name cf	nange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telep	hone number
	Initial ret	um	8653 Riverchase Drive			901-831-5122
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	d return	Germantown, TN 38139		G Gros	s receipts \$
	Applicat	ion pending	F Name and address of principal officer: Taylor Park, President	1 '		for subordinates? Yes V No
			7905 Cross Village Dr., Germantown, TN 38138	<del>7</del> 1 · ·		tes included? Yes No
<u> </u>		mpt status.	7 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			ist. (see instructions)
7		: ► none			p exemption	
	art l		Corporation	tion. 2013	M State	e of legal domicile. TN
	_	Summa	<u> </u>		duantan.	and dischale able
0	1		cribe the organization's mission or most significant activities: <u>Promote</u>			
Š			illy, encouraging Christian believers to become leaders in their communit	ries, school	s, and gov	ernments.
Activities & Governance	2		clude college campus meetings and church programs.  box ▶ ☐ if the organization discontinued its operations or disposed	of more th	an 25% of	f its net assets
<u> </u>	3		voting members of the governing body (Part VI, line 1a)		. 3	1 4
প্ত	4		independent voting members of the governing body (Part VI, line 1b)		. 4	4
ies	5		per of individuals employed in calendar year 2019 (Part V, line 2a)		. 5	0
Š	6		per of volunteers (estimate if necessary)		. 6	0
Acı	7a		ated business revenue from Part VIII. column (C), line 12		. 7a	Ō
_	b	Net unrelat	ed business taxable income from form \$000000000000000000000000000000000000		7b	0
				Prior \	/ear	Current Year
<u>o</u>	8	Contributio	ervice revenue (Part VIII, line 1h) . S . AUG: 1:2:2020 . AUG: 1:2:2020 . S . AUG: 1:2		279,646.54	252,945.02
Revenue	9		ervice revenue (Part VIII, line 2g)		0	0
ě	10				48.57	29.57
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, (3) (1) [14] [14] [1]		0	0
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		279,695.11	252,974.59
	13		similar amounts paid (Part IX, column (A), lines 1-3)	:	<u>250,051.54</u>	
	14	•	id to or for members (Part IX, column (A), line 4)		0	· · · · · · · · · · · · · · · · · · ·
SeS	15 16a	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Expenses	l .		al fundraising fees (Part IX, column (A), line 11e)		0	- <del>-</del> <del>-</del> <del>-</del>
짚	17		nses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,504,89	3,746.88
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		253,556,43	
	19	-	ss expenses. Subtract line 18 from line 12		26,138,68	
± 8 €				Seginning of C		End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		33.752.66	16.785.37
d Be	21	Total liabild	nes (Part X, line 26)		0	0
<u> </u>	22	Net assets	or fund balances. Subtract line 21 from line 20		33,752.66	16,785.37
Pa	art II	Signatu	re Block	<u> </u>		······································
			I declare that I have examined this return, including accompanying schedules and stater			my knowledge and belief, it is
	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knov	vieuge	+0
٥٠.		/_//	Where s		may	M 1, 2020
Sig	-	Signati	Jeffrey M. Nevels CPA Tra		ate /	,
He	re	<u> </u>		asuv	er	
		<del></del>	print name and titlé			CD DTIN
Pa	id	Ртини гуре	preparer's name Preparer's signature Da	u <del>o</del>	Check self-em	
	pare	Circuit and an arm		1-		
Us	e Onl	y Firm's nam			m's ⊟N ▶	
May	the IP	Firm's add	ress > his return with the preparer shown above? (see instructions)		one no	✓ Yes □ No
	Dam	and Dade of	And Making and the property shows above: (see instructions)	- 11000V	<del></del>	Form QQQ (1010)

Form 99	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
	Promote religious education and discipleship internationally, encouraging Christian believers to become leaders in their 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?
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 \$ 158,341.00 including grants of \$ 158,341.00 ) (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.]
	(Code: ) (Expenses \$ 63,419.00 including grants of \$ 63,419.00) (Revenue \$ )
	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.]
- <u>4</u> c	(Code: ) (Expenses \$ 19,607.00 including grants of \$ 19,607.00 ) (Revenue \$ )
	Rivenhill Alliance z.s. (located in Prague, Czech Republic) provides ESL education in Czech Republic public schools.
	It also facilitates educational internships and Christian discipleship opportunities.
_	
	Other program services (Describe on Schedule O.)
	(Expenses \$ 24,828.00 including grants of \$ 24,828.00 ) (Revenue \$ )
_ 4e	Total program service expenses ► 286,195.00

ABFIT

Part	IV 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, 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		✓
đ	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		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
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		✓.
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ъ	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	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		<b>√</b>
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		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		./
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>*</del>
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	

Form 99	90,(2019)			Page <b>4</b>
Part	V 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		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		1
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
ь	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	<u> </u>	
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		1
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>√</b> _
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓_
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	<u> </u>	<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		✓_
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Ì
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

rari	Statements Regarding Other IRS Finings and Tax Compliance (Continued)		_	
٥-	Fator the country of complement was add on Farm 18/0. Transmitted of Warra and Tour		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			]
b	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)			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	ļ	
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 ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	<u> </u>	1
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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 and services provided to the payor?	 7a		7
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.		·	
a	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>_</u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	l	}	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	122	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	==	
ь	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	1	
	the organization is licensed to issue qualified health plans	ł	1	
c	Enter the amount of reserves on hand			
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 on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.		]	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>✓</b>
	If "Yes," complete Form 4720, Schedule O.	[	<u>l</u>	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a struc	"No" tions. 
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1	Ì	1
_	Enter the number of voting members included on line 1a, above, who are independent . 1b		l	
b	•	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customanly performed by or under the direct			,
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	-	<b>/</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<u> </u>	<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	6	-	<b>V</b>
6	Did the organization have members or stockholders?	1		<b>-</b>
7a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	l .	,
	stockholders, or persons other than the governing body?	7b	ļ	<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	7	
a	The governing body?	8b	<b>/</b>	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		_	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		l Na
40-	Did the average translation have lead shorters broughts as offiliates?	10a	Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	IVa	-	<b></b>
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?	10ь	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10		
40	describe in Schedule O how this was done	12c	1	-
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	-
14	Did the organization have a written document retention and destruction policy?	17	•	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	✓	·
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		egreen
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	,		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website	,		- (-)
40	<u> </u>	- مغیر کی	.aa+ -	oliev
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			опсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	JAMUSKATA COM SIANGE BELLIA BE			

Page	7
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Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compens	ated Employees, and
•	Independent Contractors				

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, 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.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (F) (D) Œ) (A) (B) (do not check more than one Average Reportable Reportable Estimated amount Name and title box, unless person is both an compensation compensation of other hours officer and a director/trustee) from the from related compensation per week Officer Key employee Highest compensated employee Individual trustee Institutional trustee (list any organization organizations from the (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related organizations related rganızation below dotted line) (1) Taylor Park - President (2) Daryl Vrbas - Vice President (3) Randall Beck - Secretary (4) Jeff Nevels - Treasurer 4 (5) (6) (7) (8) (9) (10)(11)(12) (13)(14)

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	płoy	yee	s, an	d H	lighest Compe	nsated En	nplo	yees (c	ontinued)
•	-				(0	C)							
	(A)	(B)	١			noth			(D)	(E)			(F)
	Name and title	Average					than on the si		Reportable	Reportabl	le	Estema	ted amount
		hours					or/trust		compensation	compensati			other
		per week				r	_	_	from the	from relate organizatio			oensation om the
		(list any hours for	흑臺	etit	Officer	18	혈	Former	organization (W-2/1099-MISC)	(W-2/1099-M			zation and
		related	director	큥	¥	Ę	yer c	9	, , , , , , , , , , , , , , , , , , , ,		•		organizations
		organizations	목	nai		Key employee	ğ		•				
		below dotted line)	8	S.	l	ě	Š	1					
		,	Individual trustee or director	69			Highest compensated employee	1	}				
		ļ	<u> </u>	_		_	<u>a</u>	<u> </u>					
(15)		ļ							1				
			<u> </u>	_	_	_	ļ						
(16)			1										
		ļ	ļ	Ш	L.,	L_	<u> </u>	_					
(17)													
						<u>.                                    </u>							
(18)					١.								
		}											
(19)													
X1			1						<u>I</u>				
(20)													
X		1	1			Ì			1				
(21)		·		$\vdash$	Н		<del></del>		1				
12.11			1				1		1				
(20)			<del> </del>	Н	┢	$\vdash$	$\vdash$	$\vdash$		-			
(22)		<del> </del>	1	i									
(00)					<del> </del>	$\vdash$	<del> </del>	-	<del> </del>				
(23)			1				1	1	1				
	<u>.</u>	<u> </u>	-	Н	<u> </u>	┝	-	⊢					
(24)						ļ							
			<b>├</b>		<u> </u>	-	<u> </u>	-	ļ				<u> </u>
(25)		ļ	1										
		<u> </u>	ł		<u> </u>	<u> </u>	L	_					
1b	Subtotal			•	•		•	<b>&gt;</b>	0		0		0
C	Total from continuation sheets to Part						•	<b>&gt;</b>	0		0		0
d	Total (add lines 1b and 1c)							<u> </u>	0		0		
2	Total number of individuals (including but	not limited	d to th	ose	: list	ed	above	e) w	ho received more	e than \$100	,000	of	
	reportable compensation from the organi	zation 🕨											
													Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	еу е	mpl	loyee, or highes	t compens	ated		
	employee on line 1a? If "Yes," complete s							٠.				3	<b>/</b>
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	con	npei	nsatio	n a	nd other compe	nsation fron	n the		
•	organization and related organizations	greater th	an \$1	50.	000	? /	f "Ye	s, "	complete Sched	dule J for	such		
	individual	·		. '								4	1
5	Did any person listed on line 1a receive of	r accrue co	ombei	nsat	non	fro	m anv	, un	related organizat	tion or indiv	idual		
~	for services rendered to the organization											5	—  <del> </del>
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·											
1	Complete this table for your five high	est comp	enest	ed .	ınde	ne	ndent		intractors that r	eceived me	ore 1	han \$1	00.000 of
•	compensation from the organization. Rep	ort compen	sation	n for	the	o ca	lenda	r ve	ar ending with or	within the	organ	ızation'	s tax vear.
		on compon				-		, <u>, , , , , , , , , , , , , , , , , , </u>			<u> </u>		
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compens	ation
44 :								<del> </del>	•			• -	
No con	tractors were used.												
								$\vdash$					
								$\vdash$					
								<u> </u>					
2	Total number of independent contractor							th th	ose listed abov	e) who			}
	received more than \$100,000 of compens	ation from t	the or	gan	ızat	ion '	<u> </u>						000 (2240)

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Officer if Scriedule	04	ntains a r	<del>espoi</del>	ise of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
<u> </u>	1a	Federated campaig	ins	··· <u> </u>	1a	1 0		<del></del>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	1 0	1						
	c	Fundraising events 1c				0							
if A	ď	Related organization	ns .		1d	0		1					
2. ₩	е	Government grants	(conf	tributions)	1e	0							
Si Si	f	All other contributions, gifts, grants,							:				
F e	į	and similar amounts n			1f	252,945.02							
و ځ	g	Noncash contribution lines 1a-1f			10		}			}			
SE	h	Total. Add lines 1a-			1g	<u> </u>	252,945,02						
	<del></del>	Totali / Ida lineo Ta		- <del></del>	•	Business Code	232,343.02	<del>=</del>	<del></del>				
90	2a												
Program Service Revenue	b												
gram Ser Revenue	C			*									
ra y	d												
οg. L	0												
ā	f	All other program se						<del></del>					
	<u>g</u> 3	Total. Add lines 2a- Investment income					0						
	3	other similar amoun	-	-		•	29.57	O	o	29.57			
	4	Income from investr	•				0	0	0	0			
	5				0	0	0	0					
				(i) Rea	d	(ii) Personal							
	6a	Gross rents	6a										
	ь	Less: rental expenses		<u> </u>									
	С	Rental income or (loss)	•	l		L							
	ď	Net rental income o	r (los:	<del></del>	<u> </u>		0		<u> </u>	0			
	7a	Gross amount from		(i) Securi	iles .	(ii) Other							
	l	sales of assets other than inventory	7a										
•	, h	Less: cost or other basis	, a	<del>                                     </del>			i			j			
ž		and sales expenses	7b										
946	С	Gain or (loss)	7c	i						·			
ř.	d	Net gain or (loss)					0	0	0	0			
ther Revenue	8a	Gross income from	m fu	ndraising	1								
0		events (not including											
		of contributions rep			1_	1							
	_	1c). See Part IV, fine			8a								
	ì	Less: direct expense Net income or (loss)			8b	nts .	Ð		0				
		Gross income f			9 000	1113		··· <del></del>					
	-	activities. See Part I			9a					1			
	ь	Less: direct expense	es .		9b								
	С	Net income or (loss)	from	gaming a	tivitie	es <b>&gt;</b>	0	O	0	0			
	10a	Gross sales of in		ory, less									
	_	returns and allowan			10a					}			
	•	Less: cost of goods			10b		_						
	С	Net income or (loss)	irom	sales of Ir	ivento	Business Code	.0			0			
Miscellaneous Revenue	11a					DUST RESS CODE							
scellanec Revenue	ь												
ا≩≨	c			~						<del></del>			
န္က န	d	All other revenue											
≥ .	Θ	Total. Add lines 11a	<b>⊢11d</b>	<u></u>			O	-		1			
	12	Total revenue. See	ınstrı	actions .			252,974,59	Ó	0	29.57			

Part IX Sta	tement of F	unctional l	Expenses
-------------	-------------	-------------	----------

Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A).
	Check if Schedule O contains a response				🗆
	ot include amounts reported on lines 6b, 7b, p, 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 .	3,767,00	3,767.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				]
	organizations, foreign governments, and				]
	foreign individuals. See Part IV, lines 15 and 16	262,428,00	262,428,00		
4	Benefits paid to or for members	0	0	<del> </del>	
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and			<u></u>	
	persons described in section 4958(c)(3)(B)	o.	0	•	۸ ا
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	۸	م	n	٥
9	Other employee benefits	d	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
Ъ	Legal	0	0	0	0
c	Accounting	0	0	0	0
đ	Lobbying	0	0	0	0
0	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	110.07	0	110.07	0
14	Information technology	0	0	0	0
15	Royalties	0		0	0
16	Occupancy	0	0	0	
17	Travel	0	0	0	0
18	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	707.00	0	707.00	0
		727.00	U	727.00	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	}			
_	• • • • • • • • • • • • • • • • • • • •	400.00		000 00	
a b	State of TN filings Website fees (nesservices.org)	220.00 2,649.81	0	220.00 2,649.81	0
C	PayPal fees	2,849.81 40.00	0	2,649,81 40.00	
d	1 ay: a: 1002	40,00	0	40.00	0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	269.941.88	266,195,00	3,746.88	
26	Joint costs. Complete this line only if the	20,04,100	2001100100		
	organization reported in column (B) joint costs				•
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . 1 0 2 Savings and temporary cash investments . . . 2 16,785.37 33,752.66 Pledges and grants receivable, net . . . 0 4 Accounts receivable, net . . . Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 0 0 7 0 0 Assets 8 Ol 0 Prepaid expenses and deferred charges . . . ol 9 0 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D . . . 10a 10b 10c b Less: accumulated depreciation . . . . 0 11 Investments—publicly traded securities . . . . 0 11 0 12 Investments—other securities. See Part IV, line 11 12 ol 0 13 Investments—program-related, See Part IV, line 11. 13 0 0 14 Intangible assets . . . . . . . . . . . . . . 14 이 0 15 15 Other assets. See Part IV, line 11 . . . . . . . 이 0 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 33,752,66 16,785,37

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Liabilities

Net Assets or Fund Balances

Accounts payable and accrued expenses . . . . . .

Escrow or custodial account liability. Complete Part IV of Schedule D. . .

Loans and other payables to any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Unsecured notes and loans payable to unrelated third parties . . . .

Secured mortgages and notes payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶ □

Organizations that do not follow FASB ASC 958, check here ▶ □

Paid-in or capital surplus, or land, building, or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds . . .

Capital stock or trust principal, or current funds . . . . . .

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions .

and complete lines 29 through 33.

Net assets with donor restrictions . . .

Total liabilities and net assets/fund balances .

Tax-exempt bond liabilities . . . . . . .

Deferred revenue . . . . .

Form **990** (2019)

16,785,37

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16,785,37

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orm 9	90,(2019)				Page 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		252	2,974.59
2	Total expenses (must equal Part IX, column (A), line 25)	2		269	941.88
3	Revenue less expenses. Subtract line 2 from line 1	3		(16	967.29)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		33	.752.66
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		16	.785.37
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>	$\overline{}$	
			-	Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			_	4
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in	-	) [
	Schedule O.			_	البدا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		1 1
	reviewed on a separate basis, consolidated basis, or both:		- 1		
_	Separate basis Consolidated basis Both consolidated and separate basis			_	_
b	Were the organization's financial statements audited by an independent accountant?		. 2t		<b>-</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	٦a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		_		-∤
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-	1		1
	the audit, review, or compilation of its financial statements and selection of an independent accounts		-	=	-
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	фiain	on	1	1 1
0-		ا ما الما		-	-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	run in	ine   . 3a		1
<b>.</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orac			+-
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			,	-
	required addit or addito, explain why on conedule or and describe any steps taxen to undergo such a	Carto			0 (2019)
			r	<b>3</b> 3	<b>→</b> (2013)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Employer identification number

integ	rity Dis	cipleship Partners						47628
Pai	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	_	zation is not a private founda		•		-	•	$\mathcal{L}$
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		school described in section						U'
3		hospital or a cooperative hos						
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		ospital's name, city, and state						
5	se	n organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6		federal, state, or local gover						
7		n organization that normally escribed in <b>section 170(b)(1)</b>			port from	a gover	nmental unit or fron	n the general public
8	□ A	community trust described in	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9	or un	n agricultural research organi university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re su	n organization that normally in cepts from activities related apport from gross investment equired by the organization a	to its exempt fut t income and uni	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/3% of its
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
12		n organization organized and						
		one or more publicly support						
		neck the box in lines 12a thro	_		-			
а	Ш	Type I. A supporting organ	ization operated	I, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
	_	the supported organization supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•		
ь	L	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
c		Type III functionally integ its supported organization(	• •					ally integrated with,
đ		Type III non-functionally ithat is not functionally integregurement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
0		Check this box if the organ	•	<del>-</del>				all Type III
•		functionally integrated, or						s II, Type III
f	Ente	er the number of supported of						
g		vide the following information	•					<u> </u>
	(i) Nan	ne of supported organization	(ii) EN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)							, , , , , ,	
Tabal								

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) (d) 2018 (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 233,704.64 278,354.84 252,945.02 220,210.08 279,646.54 1,264,860.92 2 Tax revenues levied for the 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 . . . . 220,210.08 278,354.64 233,704.64 252,945,02 279,646.54 1,264,860.92 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 Amounts from line 4 . . . . . 220,210.08 278,354.64 233,704.64 279,646.54 252,945.02 1,264,860.92 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 37.23 43.39 37.07 48.57 195.83 29.57 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 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 1,265,056.75 Gross receipts from related activities, etc. (see instructions) 12 1,285,056.75 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . <u>99.98</u> % 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 99,98 % 331/2% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/2% support test -2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test-2019. 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 - 2018. 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)

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Part	(Complete only if you checked the					d to qualify u	nder Part II
	If the organization fails to qualify						ilder Fait II.
Sect	ion A. Public Support	dildoi dio to	Joto Hotod De	, p	ompioto i art	,	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	\_\_\_\_	1 23.3	(0) 20 1.	1,55.5	7	1
	received. (Do not include any "unusual grants.")		İ		1	/	
2	Gross receipts from admissions, merchandise		1	1			
	sold or services performed, or facilities furnished in any activity that is related to the	ļ					}
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		}	}	1	<b>Y</b>	ł
	unrelated trade or business under section 513		<u> </u>				<u></u>
4	Tax revenues levied for the						ł
	organization's benefit and either paid to		ł	}		1	l
_	or expended on its behalf			<del> -</del>	<del>                                     </del>		
5	The value of services or facilities	İ		1			
	furnished by a governmental unit to the organization without charge	ļ	ļ		Y		ł
6	Total. Add lines 1 through 5			<del> /</del>	<del></del>		<del> </del>
7a		<b> </b>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		<del></del>
	received from disqualified persons .	1	ļ		į		l
ь	Amounts included on lines 2 and 3	<del></del>		<del>                                     </del>	<del>                                     </del>		<u> </u>
_	received from other than disqualified						
	persons that exceed the greater of \$5,000			<i>y</i>			]
	or 1% of the amount on line 13 for the year		/	1			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				]	;	
	line 6.)			<u> </u>	<u> </u>		<u> </u>
	on B. Total Support				T		·
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	<u> </u>	<del>{</del>				
10a	Gross income from interest, dividends, payments received on securities loans, rents,		1				
	royalties, and income from similar sources .		l				
b	Unrelated business taxable income (less	<del>                                     </del>		<del> </del> -	<del>                                     </del>		
	section 511 taxes) from businesses						
	acquired after June 30, 1975		j				
С	Add lines 10a and 10b	/	-		<u> </u>		
11	Net income from unrelated business			<u> </u>			
	activities not included in line 10b, whether		}		1		
	or not the business is regularly carried on				[ [		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) /			ļ			
13	Total support. (Add lines 9, 10c, 11,		ŀ				
	and 12.)		<u> </u>	<u></u>			
14	First five years. If the Form 990 is for the				<del>-</del>		
0 - 4	organization, check this box and stop her			<u> </u>	<u> </u>	<del></del>	· · • 📙
	on C. Computation of Public Suppor			40 (0)		Tarl	
15 46	Public support percentage for 2019 (line 8		•			15	<u>%</u>
16 Sooti	Public support percentage from 2018 School D. Computation of Investment Inc			<del></del>	<del></del>	16	%
17	Investment income percentage for 2019 (I			ov line 13 colu	imp (fl)	17	%
18	Investment income percentage from 2018					18	<del></del>
19a	33½% support tests—2019. If the organi						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2018. If the organiz	-	-			_	
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Yes No

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2

За

**3**b

Зс

4a

4b

4c

5a

5b

5c

6

7

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9a

9ь

9с

10a

10b

#### Part IV Supporting Organizations

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

Secti	Section A. All Supporting Organizations											
1						organizations						Γ

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).

class or purpose, describe the designation. If historic and continuing relationship, explain.

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			) :
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		i	
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			i '
	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.			
•	D. I. H	1_		<u> </u>
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	i l		1 1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	i l		1
	supervised, or controlled the supporting organization.	2		<b>├</b> ──
Secti	on C. Type II Supporting Organizations			Щ.
00011	31 O. Type II Supporting Organizations	$\neg \neg$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	. !		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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	: 1		
	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		
	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 in	struc	ctions	s).
_	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		. 4 4.1	: ·
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s		Yes	
2	Activities Test. Answer (a) and (b) below.	$\dashv$	105	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	İ		
	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,	- [		1
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		لـــــا
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	- 1	l	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ł		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<del></del> -+		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ł	Ì	1
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Ī
~	of its supported organizations? If "Yes" describe in Part VI the role placed by the organization in this regard	3h		

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting On	gan	izations	. 1300
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (exp	lain in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		·
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			İ
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	····		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	•	·	
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			a
i_	'Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$		:	
<u>a</u>	Applied to underdistributions of prior years			
<u> b</u>	Applied to 2019 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015 .			]
Ь	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
ө	Excess from 2019			

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Page	c

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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## **SCHEDULE F** (Form 990)

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**Statement of Activities Outside the United States** 

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

OMB No. 1545-0047 2019

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

46-2247628

Integrity Discipleship Partners General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	romi 990, Part IV, line	140				
<b>1</b>	For grantmakers. Does the other assistance, the grant award the grants or assistan	ees' eligibility				☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1)	Czech Republic			0	Dissiples his / Amaisis	4 244 267 00
('/	Czech Republic	0	0	Program services	Discipleship / training	8 241,367.00
(2)	Romania	0	0	Program services	Discipleship / training	\$ 21,061.0 <b>0</b>
(3)		<b>,</b>				
(4)						
(5)						
(6)	<del></del>					
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)		-				
(14)			<del></del>			
15)	!					
16)						
					<del></del>	
17) 3a	Subtotal					262,428.00
	Total from continuation					202,420.00
	sheets to Part I					0
С	Totals (add lines 3a and 3b)					8 262,428.00

Schedule F (Form 990) 2019

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 any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) Ceceh Republic State salaries/program 1158.341.00 wire transfer 0 Ceceh Republic Church programs 53.413.00 wire transfer 0 Ceceh Republic Education/salary 19.607.00 wire transfer 0 Ceceh Republic Education/salary 19.609.00 wire transfer 0 Ceceh Republic Education 19.609.00 wire transfer 0 Ceceh Republic Education 19.609.00 wire transfer 0 Ceceh Republic Education 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 ceching 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 19.609.00 wire transfer 0 certain 20.609.00 wire 19.609.00 wire	-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	me of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Cash grant cash cash noncash of noncash of noncash (f applicable)	(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)
Caech Republic Education/salary 19,607.00 wire transfer 0  Remania Church programs 21,061.00 wire transfer 0  Remania Church programs 21,061.00 wire transfer 0  Remania Church programs 21,061.00 wire transfer 0  Enter total number of recipient organizations listed above that are recognized as charries by the foreign country, recognized as tax-exempt by the first ords number of other organizations coverings.	E			Czech Republic	Staff salaries/program	8 158,341.00 v	vire transfer	0		
Romania Church programs 21,051,00 wire transfer 0  Romania Church programs 21,051,00 wire transfer 0  Catech Republic Education/selary 13,607,00 wire transfer 0  Church programs Church programs 21,051,00 wire transfer 0  Church programs Church programs 21,051,00 wire transfer 0  Church Programs Church Programs Church Programs 21,051,00 wire transfer on transfer or designed or coursel has provided as charities by the foreign country, recognized as tax-exempt by the RNs or for which the grantee or coursel has provided as caton 501(c)(3) equivalency letter	(2)			Czech Republic	Church programs	63,419.00 v	vire transfer	0		
Romania Church programs 21,061,00 wire transfer o  Church programs 21,061,00 wire transfer o  Church programs 21,061,00 wire transfer o  Church programs are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or coursel has provided a section 501(e)(3) equivalency letter  Enter rotal number of recipient organizations listed above that are recognized as charities by the IRS, or for which the grantee or coursel has provided a section 501(e)(3) equivalency letter				Czech Republic	Education/salary	19,607.00	vire transfer	0		
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section 501(p)(3) equivalency letter.	<u> </u>			Romania	Church programs	21,061.00	vire transfer	0		
Enter total number of recipient organizations listed above that are recognized as chantles by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(o)(3) equivalency letter.	(2)									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501 (p)(3) equivalency letter  Enter total number of other organizations or entities.	9									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section 501(e)(3) equivalency letter	<u> </u>									
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 (s)(3) equivalency letter	<u> </u>									
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.	<b>(6)</b>									
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	(10)									
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.	(11)									
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.	(12)									
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.	(13)									
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	(14)									
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  Enter total number of other organizations or entities	(15)									
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    Enter total number of other organizations or entities    ▶	(16)									
Enter total number of other organizations or entities	N	Enter total nu by the IRS, or	mber of recipie r for which the	int organizations list grantee or counsel l	ted above that are recognassing the section that a section the sec	gnized as charities 501(c)(3) equivalen	by the foreign count ocy letter	try, recognized as ta		4
	က	Enter total nu	mber of other of	organizations or ent	ities .			•	•	1

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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. (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 (12) 8 (4) **E** <u>E</u> (12) 33 (15) (16) <u>(</u> <u>ල</u> (2) <u>@</u> (8) (14) 3 **®** 

Schedule F (Form 990) 2019

Page	1

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)	☐ <b>Y</b> es	√ 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 moots 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 prepared by the treasurer and reviewed by board members. 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 (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	2019	Open to Bublic

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

Employer identification number

46-2247628

Department of the Treasury Internal Revenue Service Name of the organization

Integrity Discipleship Partners

Partl

% □ **∀** 88 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

or government		(e) apolicable)	drant	cash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	or assistance
(1) CORD Ministries International	46.3813400	V.N	00 292 63	1 -	(Bino	Į v	Support for pactor of
(2) Wickenburg, AZ 85390	625000						International Church of
(6)							Prague, Czech Bepublic
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2 Enter total number of section 501(c)(3) and government organizati 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and govordanizations listed	vernment organize	nent organizations listed in the line 1 table he line 1 table	ine 1 table			_ C
For Paperwork Reduction Act Notice see the Instructions for Form 990	see the Instruction	s for Form 990		<u>ت</u>	Cat No 50055P		Sobodido 1 (Epres 000) (2040)

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	mestic Individua space is needec	ils. Complete if the	organization answ	ic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. e is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 None						
8						
တ						
4						
9						
9						
Part IV Receipts / d	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Receipts / documentation from CORD Ministries, and personal knowledge of board member of pastor duties at the International Church of Prague.	the information r	equired in Part I, lin board member of past	e 2; Part III, columi or duties at the Intern	iformation required in Part I, line 2; Part III, column (b); and any other additi	onal information.
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] 4 1 1 1 1 1 1 1 1 1						
1				0		
		•				Schedule I (Form 890) (2019)

## SCHEDULE O (Form'990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Integrity Discipleship Partners** 

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

46-2247628