I.

PUBLIC DISCLOSURE COPY ** Short Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

OMB No. 1545-0047 2023

		of the Treasury enue Service	on.	Inspection		
Α	For the					
B (Check if applicat	f	Name of organization	-	D Employer ide	entification number
		ress change				
	Nam	e change	27-45			
		I return	E Telephone nu	umber		
	Final term	l return/ inated	615-2	50-1087		
	Ame	nded return C	F Group Exem	ption		
	Applic	cation pending	Number			
G	Accour	nting Method	Cash X Accrual Other (specify)		H Check	if the organization is
	Nebsi		W.GOBBB.ORG		not required	to attach Schedule B
<u>J</u> .	Tax-ex	cempt status	(check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	(Form 990).	
ΚΙ	orm o	of organizatio	n: 🔀 Corporation 🗌 Trust 🗌 Association 🗌 Other			
L	Add Iir	nes 5b, 6c, an	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets (Part I	Ι,	
		n (B)) are \$5	00,000 or more, file Form 990 instead of Form 990-EZ ue, Expenses, and Changes in Net Assets or Fund Balances (s		\$	141,132.
Pa	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (s	ee the instru	uctions for Part I	
		Check if t	he organization used Schedule O to respond to any question in this Part I		·····	
	1		ns, gifts, grants, and similar amounts received			85,775.
	2	Program se	rvice revenue including government fees and contracts		2	
	3		p dues and assessments			
	4	Investment	income SEE SCHEDU	LE O	4	1,213.
	5a	Gross amou	Int from sale of assets other than inventory 5a			
	b	Less: cost o	or other basis and sales expenses 5b			
	c	Gain or (los	s) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and	I fundraising events:			
Ð	a		ne from gaming (attach Schedule G if greater than			
enu		\$15,000)				
Revenue	b	Gross incor	ne from fundraising events (not including \$ 9,920. of contributions			
		from fundra	ising events reported on line 1) (attach Schedule G if the sum of such			
		gross incor	ne and contributions exceeds \$15,000)6b	34,4	89.	
	C		expenses from gaming and fundraising events6c	29,7		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	4,752.
	7a		of inventory, less returns and allowances 7a			
	b	Less: cost o	of goods sold 7b			
	C	Gross profi	or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	10 (55
	8	Other reven	ue (describe in Schedule 0) SEE SCHEDU	LE O	8	19,655.
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	111,395.
	10	Grants and	similar amounts paid (list in Schedule 0) SEE SCHEDU	цг О	10	21,576.
	11	Benefits pai	d to or for members		11	
ses	12		ner compensation, and employee benefits			2 120
ens	13		I fees and other payments to independent contractors			<u>3,130.</u> 5,155.
Expenses	14		rent, utilities, and maintenance			J,13J.
-	15		blications, postage, and shipping			85,921.
	16		Ises (describe in Schedule 0) SEE SCHEDU		16	115,782.
	17		Ises. Add lines 10 through 16			-4,387.
ts	18		deficit) for the year (subtract line 17 from line 9)		18	-4,30/.
sse	19		or fund balances at beginning of year (from line 27, column (A))		10	-20,559.
Net Assets	0		e with end-of-year figure reported on prior year's return) jes in net assets or fund balances (explain in Schedule 0) SEE SCHEDU	T.F O	19	-29,100.
Ne	20					-54,046.
	21	wet assets	or fund balances at end of year. Combine lines 18 through 20		21	- 54,040.

For Paperwork Reduction Act Notice, see the separate instructions.

LHA 332171 12-21-23

	m 990-EZ (2023) THE INTEGRITY FOUNDATION,	INC.		27-	45867	44 Pa	age 2
Pa	Balance Sheets (see the instructions for Part II)					_	
	Check if the organization used Schedule O to resp	cond to any question	n in this Part II		<u></u>		X
			(A) Beginning of year		(B) E	nd of year	
22	Cash, savings, and investments		14,684.	22		9,41	2.
23	Land and buildings		49,626.	23		29,61	0.
24	Other assets (describe in Schedule O) SEE SCHEDULE O)	29,100.	_			0.
25			93,410.			39,02	
	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O	·····	113,969.			93,06	
26							
27			-20,559.	27		-54,04	6.
Pa	art III Statement of Program Service Accomplishmen		,			penses	
	Check if the organization used Schedule O to resp	cond to any question	n in this Part III	X		for section and 501(c)(4)	`
Wha	at is the organization's primary exempt purpose? <u>SEE SCHEDULE</u> O					ons; optional f	
Desc	ribe the organization's program service accomplishments for each of its three largest program s	ervices, as measured by expenses	s. In a clear and concise		others.)	<i>,</i> ,	
	ner, describe the services provided, the number of persons benefited, and other relevant information						
28	EDUCATIONAL PROGRAMS PROVIDED TO TH	E PUBLIC REGA	RDING				
20	BUSINESS ETHICS AND INTEGRITY IN TH			_			
	DODINEDD HINTED AND INTEGRITT IN TH			_			
	21 007					60 10	n
	(Grants \$ 21,097.) If this amount includes foreign g	grants, check here			28a	68,48	4.
29							
	(Grants \$) If this amount includes foreign g	grants, check here			29a		
30							
				_			
				_			
					00.		
	(Grants \$) If this amount includes foreign g				30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign of	grants, check here			31a		
	Total program service expenses (add lines 28a through 31a)				32	68,48	2.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	even if not compensated - se	ee the ir	nstructions for	r Part IV)	
Pa	List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp			ee the ir	nstructions for	r Part IV)	
			n in this Part IV (c) Reportable	 (d) Неа	alth benefits,	r Part IV) 	ted
	Check if the organization used Schedule O to resp	oond to any questior	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contri emplo	alth benefits, ibutions to yee benefit	<u>[</u>	
		cond to any question (b) Average hours	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred	(e) Estimat	ther
	Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit	(e) Estimat amount of of	ther
RC	Check if the organization used Schedule O to resp (a) Name and title	cond to any question (b) Average hours per week devoted to position	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimat amount of of compensati	ther ion
RC	Check if the organization used Schedule O to resp (a) Name and title DBYN HOUSEHOLDER RESIDENT	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred	(e) Estimat amount of of compensati	ther
RC PR JE	Check if the organization used Schedule O to resp (a) Name and title OBYN HOUSEHOLDER ESIDENT ENNIFER DAVIE	(b) Average hours per week devoted to position 10.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-NIISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimat amount of o compensati	ther ion 0 .
RC RC PR JE DI	Check if the organization used Schedule O to resp (a) Name and title BYN HOUSEHOLDER ESIDENT INNIFER DAVIE RECTOR - BOARD CHAIR	cond to any question (b) Average hours per week devoted to position	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimat amount of o compensati	ther ion
	Check if the organization used Schedule O to resp (a) Name and title DBYN HOUSEHOLDER ESIDENT ENNIFER DAVIE RECTOR – BOARD CHAIR N BIRD	Cond to any question (b) Average hours per week devoted to position 10.00 1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0 .	(e) Estimat amount of of compensati	ther ion 0.
	Check if the organization used Schedule O to resp (a) Name and title PBYN HOUSEHOLDER ESIDENT ENNIFER DAVIE RECTOR - BOARD CHAIR IN BIRD RECTOR	(b) Average hours per week devoted to position 10.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-NIISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimat amount of of compensati	ther ion 0 .
	Check if the organization used Schedule O to resp (a) Name and title DBYN HOUSEHOLDER ESIDENT ENNIFER DAVIE RECTOR – BOARD CHAIR N BIRD	Cond to any question (b) Average hours per week devoted to position 10.00 1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0 .	(e) Estimat amount of of compensati	ther ion 0.
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RC PR JE DI DA DI EDI	Check if the organization used Schedule O to resp (a) Name and title DBYN HOUSEHOLDER ESIDENT ENNIFER DAVIE RECTOR - BOARD CHAIR IN BIRD RECTOR ILLY BONOMO RECTOR	Cond to any question (b) Average hours per week devoted to position 10.00 1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0 • 0 •	(e) Estimat amount of of compensati	ther ion 0.
RC PR JE DI A DI EM DI A	Check if the organization used Schedule O to resp (a) Name and title DBYN HOUSEHOLDER ESIDENT INNIFER DAVIE RECTOR - BOARD CHAIR IN BIRD RECTOR ILLY BONOMO RECTOR ULEN BUGG	(b) Average hours per week devoted to position 10.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0. 0.	(e) Estimat amount of of compensati	ther ion 0. 0. 0.
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2 2023.04000 THE INTEGRITY FOUNDATION, 20820-21

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			v
		Tart	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		103	110
00	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
•••	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 $0 \cdot$; section 4912 $0 \cdot$; section 4955 $0 \cdot$			
h	Section 4511, section 4512, section 4512, section 4503, section 4503 _			
Ū	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organizationO .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed TN			
42 a	The organization's books are in care of THE ORGANIZATION Telephone no. 615-25			
		3721	/	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		163	X
	account)? If "Yes," enter the name of the foreign country	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
J	If "Yes," enter the name of the foreign country		I	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
		N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	└──┤	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	ייצעטאריטוי איזיטאריטאריטאריטאריטאריטאריטאריטאריטאריטאר	Form 9	90-F7 /	(2023)
		1 UIII 3		()

THE INTEGRITY FOUNDATION, INC.

332173 12-21-23

Form 990-EZ (2023)

3 2023.04000 THE INTEGRITY FOUNDATION, 20820-21

27-4586744 Page 3

orm 990-EZ (2023) THE INTEGRITY FOUNDATION, INC.	2	27-45867		Page
			_	Yes	No
	organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to cand	lidates for pub	lic office?		
	complete Schedule C, Part I			46	X
art VI	Section 501(c)(3) Organizations Only				
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab				
	Check if the organization used Schedule O to respond to any question in this Part VI			Yes	No
Did the a				Tes	
	organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			47	x
IT Yes, (complete Sch. C, Part II ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			47	X
				48 49a	X
	organization make any transfers to an exempt non-charitable related organization? was the related organization a section 527 organization?			49b	
	e this table for the organization's five highest compensated employees (other than officers, directors, trustees				more
-	10,000 of compensation from the organization. If there is none, enter "None."	s, and key emp		IIIICCCIVCU	more
inun φ ro		Reportable	(d) Health benefits,	(e) Estin	nated
	ner week devoted to compension	sation (Forms	contributions to employee benefit	amount of	
		99-NEC)	plans, and deferred compensation	compens	sation
	mber of other employees paid over \$100,000				
	e this table for the organization's five highest compensated independent contractors who each received more	e than \$100,00	0 of compensatio	on from the	
	tion. If there is none, enter "None." NONE	oonioo	(a) (c)	manastia	
(a)	Name and business address of each independent contractor (b) Type of	Service		ompensatio)[]
d Total nur	mber of other independent contractors each receiving over \$100,000		1		
	organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a				
	ed Schedule A		X	Yes	No
nder penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, an				, it is
ue, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	ny knowledge.			
ign	Signature of officer		Date		
ere	ROBYN HOUSEHOLDER, PRESIDENT - BBB & IF				
	Type or print name and title				
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
aid		self- employe			
reparer	FRANCES E. LEAHY FRANCES E. LEAHY 06/26/24			13593	
se Only	Firm's name KRAFTCPAS PLLC	Firm's EIN	62-071		
	Firm's address 555 GREAT CIRCLE ROAD	Phone no.	615-242	-7351	
	NASHVILLE, TN 37228				
ay the IRS d	iscuss this return with the preparer shown above? See instructions		X	Yes	No
			Fo	rm 990-EZ	(2023)

332174 12-21-23

08150626 781331 20820-20821

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organization

Name	lame of the organization Employer identification number								
				FOUNDATION, 1					7-4586744
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a coll	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7 [X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
_		university:							
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
_		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section	5 09(a)(2) .	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organization	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must com	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orac	inization listed	() A many wat of		
	(organization		(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Total									

Part II

THE INTEGRITY FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	96,101.	53,825.	57,368.	25,713.	85,775.	318,782.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	96,101.	53,825.	57,368.	25,713.	85,775.	318,782.
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)						<u>69,272.</u> 249,510.
	Public support. Subtract line 5 from line 4.						249,510.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	96,101.	53,825.	57,368.	25,713.	85,775.	318,782.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 622	22 026	22 425	01 025		01 007
	and income from similar sources	3,633.	23,036.	22,435.	21,835.	20,868.	91,807.
9	Net income from unrelated business						
	activities, whether or not the					4 750	4 750
	business is regularly carried on					4,752.	4,752.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						415,341.
	Total support. Add lines 7 through 10					10	415,541.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			ourth or fifth toy y			
13	-	-					
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				·····
	Public support percentage for 2023 (I			olumn (f))		14	60.07 %
	Public support percentage from 2022					15	60.99 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies					, 	V
k	33 1/3% support test - 2022. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	n qualifies as a pu	blicly supported or	ganization		
k	0 10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A					FOUNDATION,	
Part III	Support	: Schedule	for Orga	nizations Desc	ribed in Section 5	09(a)(2)

THE INTEGRITY FOUNDATION, INC.

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

Sec	Suon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6		(6) 2020	(0) 2021	(d) 2022		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 2					17	%
	Investment income percentage from					18	line 17 is not
198	33 1/3% support tests - 2023. If the						
F	more than 33 1/3%, check this box a	-	•				
a	33 1/3% support tests - 2022. If the	-					
20	line 18 is not more than 33 1/3%, che		•	-		-	
	Private foundation. If the organization	ла посспеска	box on line 14, 19	a, or 190, check t	This box and see ins		
33202	3 12-21-23		7			Schee	dule A (Form 990) 2023

2023.04000 THE INTEGRITY FOUNDATION, 20820-21

THE INTEGRITY FOUNDATION, INC.

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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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Schedule A (Form 990) 2023 THE INTEGRITY FOUNDATION, INC.

2

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	-				

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

Sectio	n C.	. Týp	be II Su	ipport	ting Or	ganiz	ations	

 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

 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 managed

 1
 1

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
-------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------------------

- a 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.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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1	Check here if the organization satisfied the Integral Part Test as a qualif All other Type III non-functionally integrated supporting organizations m			Part VI). See instructions.
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functio	nally integrated	Type III supporting orga	inization (see
	instructions).			

THE INTEGRITY FOUNDATION, INC.

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

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	6	3					
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023			
_1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
C	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
b	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
e	Excess from 2023							
				So	chedule A (Form 990) 2023			

THE INTEGRITY FOUNDATION, INC.

27-4586744 Page 7

1

Current Year

Part V	Type II	l Non-Functi	onally I	ntegrated 509(a	a)(3) Supporting O	rganizations	(continued)
Schedule A	(Form 990) 2023	THE	INTEGRITY	FOUNDATION,	INC.	

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

Schedule A (Form 990) 2023 THE INTEG	RITY FOUNDATION, INC.	27-4586744 Page 8
Part VI Supplemental Information. Provide th Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5c line 1; Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8; and Part V, Section	a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)		
<u>SCHEDULE A, PART II, LINE 1 AN</u>	D 990EZ PART I LINE 2	0
A PRIOR PERIOD ADJUSTMENT WAS	MADE IN THE AMOUNT OF	\$29,100 TO WRITE
OFF CONTRIBUTIONS RECEIVABLE,	AND LINE 1 HAS BEEN R	EDUCED BY THE
FOLLOWING - 2021 - \$19,100; 20		
	<u>777</u> 910,000.	
200000 10 01 00		Sobodulo A /Earm 000) 000
332028 12-21-23	12	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

THE	INTEGRITY	FOUNDATION,	INC.			
Organization type (check one):						

~ ¬			-	~	~	-		
27	-	4	5	8	6	7	4	4

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I

THE INTEGRITY FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>7,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

 $08150626 \ 781331 \ 20820 - 20821$

Employer identification number

(d)

27 - 4586744

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

THE INTEGRITY FOUNDATION, INC.

Name of organization

Part II

Page **3**

Employer identification number

27 - 4586744

Schedule	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
THE I	NTEGRITY FOUNDATION, INC	2.	27-4586744
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(h) Dumpers of sift		(a) Decoviation of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-2	6-23		Schedule B (Form 990) (2023)

17 2023.04000 THE INTEGRITY FOUNDATION, 20820-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2023
Department of the Treasury	ŭ	Attach to Form 990 o	•					Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization								
THE INTEGRITY FOUNDATION, INC. 27-4586744 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations F Special fundraising events								
key employees list	ed in Form 990, Pa	r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursua	ofessi	onal fi	undraising services?	-	Ye	
compensated at le	ast \$5,000 by the	organization.						
(i) Name and address or entity (fund		(ii) Activity	fùndr have c or cor	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from I	registration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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 Schedule G (Form 990) 2023
 THE INTEGRITY FOUNDATION, INC.
 27-4586744
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 SONGWRITER ' S NIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
-	1 Gross receipts	44,409.			44,409
	2 Less: Contributions	9,920.			9,920
3	3 Gross income (line 1 minus line 2)	34,489.			34,489
	4 Cash prizes				
E	5 Noncash prizes				
	6 Rent/facility costs				3,626
-	7 Food and beverages	5,876.			5,876
	8 Entertainment				3,750 16,485
ę	9 Other direct expenses	16,485.			16,485
10	Direct expense summary. Add lines 4 throu	igh 9 in column (d)			29,737 4,752
			bingo/progressive bingo		col. (a) through col. (
_	1 Gross revenue				
	Gross revenue Cash prizes				
2	2 Cash prizes				
2	2 Cash prizes 3 Noncash prizes				
2	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	Yes % [Yes %	Yes % □ No	,
3 2 5	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	Yes % [No	
3 2 9 7	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 		No No	<u>No</u>	
3 2 9 7 8 7 8 8 8	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 	Yes% Yes% No	No	<u>No</u>	

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE	INTEGRITY	FOUNDATION,	INC.	27-4	586744	Page 3
11	Does the organization conduct g						Yes	No
12	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin	g activity	conducted in:					
а	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of th	ne person	who prepares the o	organization's gaming/s	pecial events books and reco	rds:		
	Name							
	Address							
15-	Does the organization have a cor	stract with	a third party from	whom the organization	receives gaming revenue?		Yes	No
156	Does the organization have a cor	itiact witi	ra tind party nom	whom the organization	receives garning revenue?			
b	If "Yes," enter the amount of gam	ning rever	ue received by the	organization \$	and the a	mount		
	of gaming revenue retained by th			·				
c	If "Yes," enter name and address							
	Name							
	Address							
16	Gaming manager information:							
	News							
	Name							
	Gaming manager compensation	\$						
	Carning manager compensation	Ψ						
	Description of services provided							
	Director/officer	En En	nployee	Independent con	tractor			
17	,							
a	Is the organization required unde						Vaa	
	retain the state gaming license?				warmat arganizations ar anast		Yes	└── No
Ľ	 Enter the amount of distributions organization's own exempt activi 				exempt organizations or spent	. In the		
Pa					t I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a						, ,	, ,
3320	83 09-13-23					Schedu	ıle G (Form	990) 2023
				20				,

	a (Form 990)
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Part IV	Supplemental Information	on (continued)		
				Schedule G (Form 990)
332084 04-01-2	23		21	

21 2023.04000 THE INTEGRITY FOUNDATION, 20820-21

08150626 781331 20820-20821

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on		2023
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection
Name of the organizatior	THE INTEGRITY FOUNDATION, INC.		identification number 586744
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION (OF PROPERTY:		AMOUNT:
INTEREST INCO	DME		1,213.
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION (OF OTHER REVENUE:		AMOUNT:
LEASE INCOME			19,655.
FORM 990-EZ,	PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS P	AID:	
ACTIVITY CLAS	SSIFICATION: SCHOLARSHIPS		
GRANTEE NAME	: STUDENT OF INTEGRITY SCHOLARSHIPS @ \$1000 EA	СН	
AMOUNT GIVEN			10,000.
ACTIVITY CLAS	SSIFICATION: SMALL BUSINESS GRANTS		
GRANTEE NAME	SMALL BUSINESSES		
AMOUNT GIVEN			11,576.
TOTAL INCLUD	ED ON FORM 990-EZ, LINE 10		21,576.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION (OF OTHER EXPENSES:		AMOUNT :
DEPRECIATION			20,016.
PROGRAM EVEN	TS AND COMMUNITY SERVICE (EXCLUDING GRANTS)		32,523.
REIMBURSED SA	ALARIES AND OTHER EXPENSES TO BBB		29,750.
MISCELLANEOU	8		3,632.
TOTAL TO FORM	4 990-EZ, LINE 16		85,921.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

08150626 781331 20820-20821

2023.04000 THE INTEGRITY FOUNDATION, 20820-21

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization THE INTEGRITY FOUNDATION, INC.		Page 2 Employer identification number 27-4586744
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS	ETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
WRITEOFF OF OLD ACCOUNTS RECEIVABLE		-29,100.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF Y	EAR END OF YEAR
CONTRIBUTIONS RECEIVABLE	29,1	00. 0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	:	
DESCRIPTION	BEG. OF Y	EAR END OF YEAR
DUE TO BETTER BUSINESS BUREAU	113,2	40. 91,406.
ACCOUNTS PAYABLE	7	29. 1,662.
TOTAL TO FORM 990-EZ, LINE 26	113,9	69. 93,068.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	EDUCATIONA	L PROGRAMS
PROVIDED TO THE PUBLIC REGARDING BUSINESS ETHICS	AND INTEG	RITY IN THE
WORKPLACE, INCLUDING SCHOLARSHIPS.		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSC	NAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEI	VE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BEN	EFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY	ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		

332212 11-14-23