PUBLIC DISCLOSURE COPY **
Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Form **990-EZ**

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

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

111101	nai nevi	State Col vice		·
		2022 calendar year, or tax year beginning , 2022, and ending		
В	Check if applicat	C Name of organization	Employer i	dentification number
	Addr	ess change		
	Name	e change THE INTEGRITY FOUNDATION, INC.	27-4	586744
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	Telephone	number
	Final termi	return/ nated 25 CENTURY BLVD 101	615-2	250-1087
	Amei	onded return City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
	Applic	ation pending NASHVILLE, TN 37214	Number	
G			H Check	if the organization is
	Websi			d to attach Schedule B
J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) \sim 501(c) () (insert no.) \sim 4947(a)(1) or \sim 527	(Form 990)	
		f organization: X Corporation Trust Association Other	(1 01111 000) -
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
		· · · · · · · · · · · · · · · · · · ·		84,995.
	art I	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Par	t I)
_		Check if the organization used Schedule O to respond to any question in this Part I		
_	1	Contributions, gifts, grants, and similar amounts received		35,713.
	2	Program service revenue including government fees and contracts		23,,13.
	3	Membership dues and assessments		
	4	Investment income SEE SCHEDULE O	4	1,814.
	5a	Gross amount from sale of assets other than inventory 5a 5a		1,014.
	1			
	b			
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
e	a	Gross income from gaming (attach Schedule G if greater than		
Revenue	١.	\$15,000)		
æ	b	Gross income from fundraising events (not including \$ 18,439. of contributions		
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	-, I	
		gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 6c 31,01	/•	
	C			2 5 6 7
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-3,567.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		00 001
	8	Other revenue (describe in Schedule 0) SEE SCHEDULE O		20,021.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,981.
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	14,500.
	11	Benefits paid to or for members		
es	12	Salaries, other compensation, and employee benefits		
Expenses	13	Professional fees and other payments to independent contractors		3,748.
ğ	14	Occupancy, rent, utilities, and maintenance	14	5,155.
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	43,171.
	17	Total expenses. Add lines 10 through 16	17	66,574.
'n	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-12,593.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Asŧ	1	(must agree with end-of-year figure reported on prior year's return)	19	-7,966.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-20,559.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Page 2

Pa	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res	spond to any quest	tion in this Part II				. X
				(A) Beginning of year		(B) E	nd of yea	ar
22	Cash,	savings, and investments		22,292.	22		14,	684.
23				69,642.	23		49,	626.
24	Other	and buildings assets (describe in Schedule 0) SEE SCHEDULE (0	35,475.	24		29,	100.
25				127,409.				410.
26	Total	assets liabilities (describe in Schedule 0) SEE SCHEDULE (0	135,375.				969.
				-				559.
Pa	rt III	ssets or fund balances (line 27 of column (B) must agree with line 21 Statement of Program Service Accomplishme	nts (see the instri	uctions for Part III)	1		penses	
		Check if the organization used Schedule O to res	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		(Required	for secti	
	t is the i	organization's primary exempt purpose? SEE SCHEDULE		ion in the rait in [501(c)(3)		
		ganization's program service accomplishments for each of its three largest program		unces. In a clear and consise		organizatio others.)	ons, opti	Ullai IUI
		pe the services provided, the number of persons benefited, and other relevant inform		ilises. III a clear and concise		,		
28	EDUC	CATIONAL PROGRAMS PROVIDED TO TH	IE PUBLIC RE	GARDING				
		NESS ETHICS AND INTEGRITY IN TH			-			
			IL WOILILI LIIOL	•	-			
	(Grants	\$ 14,500.) If this amount includes foreign	grants shock horo		- - ,	28a	32	481.
29	Granis	14, 3000) It tills amount includes loreign	grants, check here	L		.0a	J <u> </u>	401
25					-			
					-			
	(Cronto	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	granta abaali bara	[- -∖ ,	.9a		
	(Grants) If this amount includes foreign	grants, check here		 	:9a		
30					-			
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	(0	A NEW TO A STATE OF THE STATE O		Г	— I,	, o -		
	(Grants	·				80a		
					—I,	٠		
	(Grants	,	grants, check here			31a	2.2	101
32	Total p	orogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key I	Employees			32	3∠,	481.
Pa	art IV				e the ins	structions for	r Part IV)	
		Check if the organization used Schedule O to res						
			(b) Average hours per week devoted t	compensation (Forms		th benefits, utions to	,	timated
		(a) Name and title	per week devoted to	11 2/ 1000 111100/	olans, ar	ee benefit id deferred	l	t of other ensation
	T 0111	1017 DITGIT	position	(if not paid, enter -0-)	comp	ensation	оотпро	
		ON BUSH				•		•
	RECT		1.00	0.		0.		0.
		STALER				•		•
	RECT		1.00	0.		0.		0.
		INE VAN DER VOORT						
	RECT		1.00	0.		0.		0.
		HOUSEHOLDER				_		_
	ESII		10.00	0.		0.		0.
		'ER DAVIE						
		OR - BOARD CHAIR	1.00	0.		0.		0.
		JL ROUSSEL						
DΙ	RECT	OR - TREASURER	1.00	0.		0.		0.
			7					
			\dashv					

Pa	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	Part	v Yes	X No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		162	NO
33	activity in Schedule 0	33		x
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/	<u> </u>
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,"	36		x
37 a	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	0.0		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а		-		
b		_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 • : section 4912 0 • . section 4955			
h	section 4911			
U	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		x
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			
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	40		v
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed TN	40e		<u> </u>
41 42 a	List the states with which a copy of this return is filed TN The organization's books are in care of THE ORGANIZATION Telephone no. 615-25	0-4	222	
72 a		$\frac{3721}{3721}$		
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4.0		v
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
	7 7	•		
			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			7.7
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		_
d	in Schedule 0	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	.54		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2022)

All section 501(s)(3) organizations must answer questions 47.49b and 52, and complete the tables for lines 50 and 51. Check if the organization issed Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in this Part VI Did the organization answer production as described in section 170(b)(1)(h)(iii)? If Yes, complete Schedule E 10"Kes, complete Sch. C, Part VI Did the organization answer are any standard organization? Did the organization answer are any standard organization? Did the organization answer are any standard organization? (a) Marie and title of each employee organization and title organization from the organization. (b) Average hours per week devoted to possition NONE (b) Average hours per week devoted to possition (c) Average hours per week devoted to possition (d) Average hours per week devoted to possition (e) Extinated the first permanent organization from the organization from the organization from the organization or the head of compensation from the organization or the head of many titles or the organization organization from the organization organi									Yes	No
Section 501(c)(3) Organization only All actions 501(c)(3) Organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI Use			· -			•		46		x
Check if the organization used Schedule O to respond to any question in this Part VI To bit the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes, 'Complete Sch. C, Part II A	Part VI							10		
Total number of other employees paid over \$100,000		All section 501(c)(3) organizations must	answer questions 47-4	9b and 52, and	complete the ta	bles for lines	50 and 51.			
Did the organization engage in loobying activities or have a section 501(b) election in effect during the tax year?		Check if the organization used Schedule	O to respond to any o	question in this	Part VI					
It 'ves,' complete Sch. C, Part II									Yes	No
3 is the organization a sothool as described in section 170(b)(1)(A)(ii)(II)(II) II "Yes, complete Schedule E 48			` '							
29 Dit the organization make any transfers to an exempt non-charitable related organization? 29 Dit Tyes, was the related organization asset on 527 organization? 29 Dit Tyes, was the related organization asset on 527 organization? 20 Dit Tyes, was the related organization asset on 527 organization? 20 Dit Tyes, was the related organization asset on 527 organization? 20 Dit Tyes, was the related organization asset on 527 organization? 20 Dit Tyes, was the related organization from the organization the organization. It there is none, enter Your. 20 Dit Tyes of service 20 Di	If "Yes," complete Sch. C, Part II							47		
b if "Yes," was the related organization a section 527 organization? Complete this table for the organization's live highest compensated employees (other than officers, directors, trustess, and key employees) who ach received more than \$10,000 of compensation from the organization me organization. If there is none, enter "None." (a) Name and title of each employee NONE										
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 1 Total number of other employees paid over \$100,000 or compensation from the organization. If there is none, enter "None." NONE 2 Total number of other independent contractors each received more than \$100,000 or compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." NONE (b) Type of service (c) Compensation or compensation or none or non										X
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NONE Per week devoted to position Per week devoted to pos	lliali φ iu				hours (c)	Papartable	(d) Health ber	nefits (•\ Fetim	ated
NONE Position Pos		(a) Name and the or each employee			nted to compé	nsation (Forms	contributions	s to	,	
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. (f) Type of service (g) Compensation (h) Type of service (g) Compensation (h) Type of service (h) Type of service (c) Compensation (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Type of service (e) Compensation (e) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (c) Compensation (d) Type of service (e) Compensation (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Type of service (e) Compensation (d) Type of service (e) Compensation (e) Type of service (e) Compensation (f) Type of service (e) Compensation (d) Type of service (e) Compensation (f) Type of service (g) Type of service (e) Compensation (f) Type of service (g) Type of service (e) Compensation (f) Type of service (g) Type of service (g) Type of service (g) Type of other organization (g) Type of other										
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d Total number of other independent contractors each receiving over \$100,000 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A X Yes	-		compensated independent			e than \$100,0	000 of compe	nsation fr	om the	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	(a)	Name and business address of each independe	ent contractor		(b) Type o	f service		(c) Comp	ensatio	n
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
completed Schedule A	d Total nui	mber of other independent contractors each re	ceiving over \$100,000							
nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	52 Did the o	organization complete Schedule A? Note: All se	ection 501(c)(3) organiza	tions must attach	ı a					
Lee, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										_
Signature of officer ROBYN HOUSEHOLDER, PRESIDENT - BBB & IF Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date Check if self- employed self- employed FRANCES E. LEAHY FRANCES E. LEAHY 08/02/23 P00713593 Firm's name KRAFTCPAS PLLC Firm's name KRAFTCPAS PLLC Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions X Yes Name	-						-	rledge and	d belief,	it is
ROBYN HOUSEHOLDER, PRESIDENT - BBB & IF Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Ty	rue, correct, a	and complete. Declaration of preparer (other th	an officer) is based on all	information of w	hich preparer has a	any knowledge	e. T			
ROBYN HOUSEHOLDER, PRESIDENT - BBB & IF Type or print name and title Print/Type preparer's name Preparer's signature PRANCES E. LEAHY PO0713593 Firm's name KRAFTCPAS PLLC Firm's address S55 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions X Yes Name	Cian	Signature of officer					Date			
Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed self- employed Print/Type preparer's name FRANCES E. LEAHY FRANCES E. LEAHY 08/02/23 P00713593 Firm's name KRAFTCPAS PLLC Firm's name KRAFTCPAS PLLC Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions X Yes Name Name Name Name Name Name Name Name	Here		DDECTDENM	י א מממ	TTP					
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reparer Ise Only FRANCES E. LEAHY FRANCES E. LEAHY 08/02/23 Firm's name KRAFTCPAS PLLC Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions Self- employed P00713593 P00713593 Phone no. 615-242-7351 X Yes No.		Print/Type preparer's name	Prenarer's signature		Date	Check	☐ if FTIN	 [
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Firm's name KRAFTCPAS PLLC Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions	Paid	FRANCES E. LEAHV	FRANCES E	LEAHY	08/02/23		·	0713	593	
Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions Yes No.	-				00,02,23	Firm'e FIN				
NASHVILLE , TN 37228 ay the IRS discuss this return with the preparer shown above? See instructions X Yes No.	use Unly									
ay the IRS discuss this return with the preparer shown above? See instructions		1				T HOHE HE.				
	May the IRS d	-						Х	es 「	N
Form 990-EZ (2022	, u	p. opa.o. o.o.m ubc								

SCHEDULE A

(Form 990)

<u>Total</u>

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

					LNC.			17-4586744
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chi					I)(A)(i).	
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	Ħ	A medical research organization	. •				•	the hospital's name.
•		city, and state:	a.i.o.i. opoiaioa .ii oo.	ijanionom mini a moopitali		000110		and morphian o manne,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	wernmental unit describ	ed in
3	ш			nege of difficerally owned	or operat	ed by a go	Wernineritär unit describ	eu III
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	<i>(</i> .)	
6		A federal, state, or local gov	ū				• •	
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support 1	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	-	•	•			purposes of one or
		more publicly supported org	· · · · · · · · · · · · · · · · · · ·	•	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga						aivina
<u> </u>		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-		
		• • • •			majority C	i the direc	iors or trustees or trie s	аррогинд
L		organization. You must o					d organization(s) by ba	vina
b	· L		•					•
		control or management o			ame perso	ns that coi	ntroi or manage the sup	рогтеа
		organization(s). You mus						
С	. L		=				• •	ed with,
		its supported organization		·				
d			=				• • • •	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е			anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,535.	96,101.	53,825.	76,468.	35,713.	279,642.
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	17,535.	96,101.	53,825.	76,468.	35,713.	279,642.
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)						61,368.
6	Public support. Subtract line 5 from line 4.						218,274.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	17,535.	96,101.	53,825.	76,468.	35,713.	279,642.
	Gross income from interest,		70,2021	00,0201	, , , _ , _ ,	3377233	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	328.	3,633.	23,036.	22,435.	21,835.	71,267.
۵	Net income from unrelated business	320.	3,033.	23,030.	22,433.	21,033.	71,2074
9							
	activities, whether or not the	6,975.					6,975.
40	business is regularly carried on	0,515.					0,575.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						357,884.
	Total support. Add lines 7 through 10	-1- (40	337,004.
	Gross receipts from related activities,	,	,		•	12	
13	First 5 years. If the Form 990 is for the	-		•			
800	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	60.99 %
						15	<u> </u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o						
102		-					
	stop here. The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization **Display: The organization qualifies as a publicly supported organization qualifies as a publicly support test and the organization qualifies as a publicly supported organ						
47.	and stop here. The organization qualifies as a publicly supported organization						
1/8	10% -facts-and-circumstances test	_					
	and if the organization meets the facts						
	meets the facts-and-circumstances te	_	•	• • •	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar		(Form 990) 2022

232022 12-09-22

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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 disqualified 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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.)

	Yes	No
1		
2		
За		
3b		
35		
Зс		
4a		
-+a		
4b		
4c		
5 -		
5a		
5b		
5c		
6		
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7		
8		
9a		
54		
9b		
9c		
40		
10a		
10b		
ıle A (Forn	n 990)	2022

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he 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? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 THE INTEGRITY FOUNDATION	N, INC	.	27-4586744 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete :	Sections A through E.	
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):			
a	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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

	rt V Type III Non-Functionally Integrated 509	(a)(S) Supporting Orga	inzauons (continu	ued) T	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
'	-				
8	and 4c. Breakdown of line 7:				
0	DIGANUOWITUTING 1.				

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

TH	E INTEGRITY FOUNDATION, INC.	27-4586744			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{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				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
Gonoral Hais					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·			
Special Rules					
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	that received from any one			
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	ny one			
	the year, total contributions of more than $$1,000$ exclusively for religious, charitable, scientifications of the second section $$1,000$$ exclusively for religious, charitable, scientifications of the second section $$1,000$$ exclusively for religious, charitable, scientifications of the second section $$1,000$$ exclusively for religious, charitable, scientifications of the second section $$1,000$$ exclusively for religious, charitable, scientification $$1,000$$ exclusively $$1,0000$ exclusively $$1,0000$ exclusively $$1,00$				
•	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er) instead of the contributor name and address), II, and III.	ntering			
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\$					
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).					

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE INTEGRITY FOUNDATION, INC.

27-4586744

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

Name of organization Employer identification number

THE INTEGRITY FOUNDATION, INC.

27-4586744

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
223/53 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** THE INTEGRITY FOUNDATION, INC. 27-4586744 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 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

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Schedule G (Form 990) 2022

Internal Revenue Service Name of the organization **Employer identification number** 27-4586744 THE INTEGRITY FOUNDATION, INC 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

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

		of fundraising event contributions and gr		EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SONGWRITER'S		NONE	(add col. (a) through
			NIGHT			col. (c))
Φ			(event type)	(event type)	(total number)	33(0)/
Revenue						
Seve	1	Gross receipts	45,886.			45,886.
ш						
	2	Less: Contributions	18,439.			18,439.
			05.445			05.445
	3	Gross income (line 1 minus line 2)	27,447.			27,447.
	١.	Ocalisations				
	4	Cash prizes				
	5	Noncoch prizos				
Ø		Noncash prizes				
nse	6	Rent/facility costs	3,300.			3,300.
xbe	"	Tions tability 66666	3,300.			3,300.
Direct Expenses	7	Food and beverages	7,776.			7,776.
)irec	•	r cod and bovorages	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,
	8	Entertainment	3,000.			3,000.
	9	Other direct expenses				16,938.
	10					31,014.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-3,567.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				1
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) through coi. (c)
Вè	١.					
	-	Gross revenue				
	2	Cash prizes				
ses	-	Cash ph.255				
Direct Expenses	3	Noncash prizes				
Ä						
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Not consider the constant of t	t former Programme and the second (all)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)	<u></u>		<u> </u>
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
_						
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b) If "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 THE INTEGRITY FOUNDATION, INC. 27-	4586744	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	04
		13b	
	o An outside facility	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
40	Opening and a series of a seri		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
			/es No /es No /es No /es No /es No /es No
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111103 3, 0	DD, 10D,
_	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			
_			
_			

Schedule G	G (Form 990)	\mathtt{THE}	INTEGRITY	FOUNDATION,	INC.	27-4586744	Page 4
Part IV	G (Form 990) Supplemental Info	rmation	(continued)	•			<u> </u>
			(continued)				
	<u> </u>						
i							

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE INTEGRITY FOUNDATION, INC.	27-4586744
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,814.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
LEASE INCOME	20,021.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PA	AID:
ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
GRANTEE NAME: STUDENT OF INTEGRITY SCHOLARSHIPS @ \$1000 EAC	н
AMOUNT GIVEN:	11,000.
ACTIVITY CLASSIFICATION: TORCH AWARDS	
AMOUNT GIVEN:	3,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	14,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DEPRECIATION	20,016.
PROGRAM EVENTS AND COMMUNITY SERVICE (EXCLUDING GRANTS)	1,805.
MANAGEMENT FEES TO BBB	17,500.
AUTO EXPENSE	1,000.
MISCELLANEOUS	2,850.
TOTAL TO FORM 990-EZ, LINE 16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	43,171. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE INTEGRITY FOUNDATION, INC.				nployer ide 27 – 458		
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
<u>DESCRIPTION</u> BE	G. (F	YEAF	R EN	D OF	YEAR
CONTRIBUTIONS RECEIVABLE	3	35 <u>,</u>	475.	•	29	,100.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:						
<u>DESCRIPTION</u> BE	G. (F	YEAF	R EN	D OF	YEAR
DUE TO BETTER BUSINESS BUREAU	13	35,	375.	•	113	,240.
ACCOUNTS PAYABLE			0.	•		729.
TOTAL TO FORM 990-EZ, LINE 26	13	35 <u>,</u>	375	•	113	,969.
PROVIDED TO THE PUBLIC REGARDING BUSINESS ETHICS AN WORKPLACE, INCLUDING SCHOLARSHIPS.						
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	BEI	1EF	TIT (CONTRA	CTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE	ANY	FU	NDS,	, DIRE	CTLY	,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFI	T CC	rnc	RACI	Г.		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY	PRE	IMI	UMS,	, DIRE	CTLY	,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.						