** PUBLIC DISCLOSURE COPY **

Form **990-EZ**

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)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Co to warm its gov/Form900E7 for instructions and the lettest information.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

\overline{A}	For the	e 2019 ca	lendar year, or tax year beginning		and ending				
	Check if applicat		C Name of organization			D	Employer	identification number	
Г		ess change							
F		ess change	THE INTEGRITY FOUNDATION, INC.	27-4586744					
F		l return	Number and street (or P.O. box if mail is not delivered to street address)		Roor	n/suite E	E Telephone number		
F	□Final	return/ inated	25 CENTURY BLVD		101	L	615-	250-1087	
F	_	nded return	City or town, state or province, country, and ZIP or foreign postal code			F	Group Exe		
		ation pending	NACIDATE ON 27214				Number	•	
G		nting Meth						if the organization is	
			WW.GOBBB.ORG					ed to attach Schedule B	
J	Tax-ex	cempt stat	tus (check only one) $ X$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.)	49	47(a)(1) or _), 990-EZ, or 990-PF).	
				Other	,,,,			· , , , , , , , , , , , , , , , , , , ,	
L	Add lin	es 5b, 6c,	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more,	or if total asset	ts (Part II,			
	columr	n (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ				> \$	160,659.	
P	art I	Reve	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund	d Bala	ances (see t	he instruction	ons for Pa	rt I)	
		_ Check	if the organization used Schedule O to respond to any question in this Part I					X	
	1	Contribu	tions, gifts, grants, and similar amounts received				1	96,101.	
	2	Program	service revenue including government fees and contracts				2		
	3	Members	ship dues and assessments				3		
	4	Investme	ent income SE	E S	CHEDULE	3 0	4	3,633.	
	5a	Gross an	nount from sale of assets other than inventory	5a		5,900	0.		
	b	Less: co	st or other basis and sales expenses	5b					
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)				5c	5,900.	
	6	Gaming	and fundraising events:						
ē	a		come from gaming (attach Schedule G if greater than						
en		\$15,000) come from fundraising events (not including $\$$ 24 , 751 .	6a					
Revenue	b			of con	tributions				
_			draising events reported on line 1) (attach Schedule G if the sum of such		_				
			come and contributions exceeds \$15,000)	6b		34,164 34,171	<u>+</u>		
	C		ect expenses from gaming and fundraising events	6c					
	d		me or (loss) from gaming and fundraising events (add lines 6a and 6b and su	1 1	ne 6c)		6d	-7.	
			ales of inventory, less returns and allowances	7a			_		
	b	Less: co	st of goods sold	7b					
	C	Gross pr	rofit or (loss) from sales of inventory (subtract line 7b from line 7a)	ידי כי	מזוקטווד ד	······	7c	20,861.	
	8		venue (describe in Schedule 0)				8	126,488.	
	10		venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9 10	120,400.	
	11		nd similar amounts paid (list in Schedule 0) paid to or for members						
"	12		paid to or for membersother compensation, and employee benefits					30,954.	
Expenses	13	Profession	onal fees and other payments to independent contractors				13	9,437.	
ber	14		icy, rent, utilities, and maintenance					5,337.	
й	15		publications, postage, and shipping				15		
	16		penses (describe in Schedule 0)	E S	CHEDULE	E O	16	105,834.	
	17		penses. Add lines 10 through 16				▶ 17	151,562.	
<u></u>	18		or (deficit) for the year (subtract line 17 from line 9)				10	-25,074.	
sets	19		ts or fund balances at beginning of year (from line 27, column (A))					-	
Ass			gree with end-of-year figure reported on prior year's return)				. 19	60,398.	
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)					0.	
_	21	Net asse					2 1	35,324.	
								~~~ ==	

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

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Page 2

THE INTEGRITY FOUNDATION, INC.

Pa	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any ques				X
				(A) Beginning of year		<b>(B)</b> E	nd of year
22	Cash	, savings, and investments		72,145			32,137
23				131,192			109,679
24	Other	and buildings assets (describe in Schedule 0)  SEE SCHEDULE (	)	11,197	• 24		27,405
25		assets		214,534	• 25		169,221
26	Total	l liabilities (describe in Schedule 0) SEE SCHEDULE (		154,136	• 26		133,897
27		ussets or fund balances (line 27 of column (B) must agree with line 21)		60,398	• 27		35,324
Pa	art III	Statement of Program Service Accomplishme	nts (see the instr	uctions for Part III)		Ex	penses
		Check if the organization used Schedule O to res	pond to any ques	stion in this Part III	X		for section
Wha	t is the	organization's primary exempt purpose?SEE SCHEDULE (					and 501(c)(4) ons; optional for
		organization's program service accomplishments for each of its three largest program		penses. In a clear and concise.		others.)	ono, optional for
		ibe the services provided, the number of persons benefited, and other relevant information		penesei iii a sisai ana sensise			
28	EDU	CATIONAL PROGRAMS PROVIDED TO TH	HE PUBLIC R	EGARDING			
		INESS ETHICS AND INTEGRITY IN TH	HE WORKPLAC	Ε.			
	(Grants	s \$ ) If this amount includes foreign	grants check here	<u> </u>		28a	65,522
29	Caranta	) if the different includes foreign	granto, oncon noro				,
	(Grants	s \$ ) If this amount includes foreign	grants check here			29a	
30	Corant	) It this amount includes loreign	grants, check here			1204	
00							
	(Cropt	) If this amount includes favoire	granta shaak hara		_	30a	
	(Grants	, (1 " 1 0 1 1 1 0)				30a	
		• • • • • • • • • • • • • • • • • • • •				210	
	(Grants	, , ,			<del></del>	31a 32	65,522
32 Da	ret IV	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key I	Employees (list onch	one over if not companed	noo the		
Г	ai L IV	Check if the organization used Schedule O to res			See the	instructions i	or Fartiv)
		Check if the organization used Schedule O to res	(b) Average hours		(d) u	ealth benefits,	(a) Estimated
		(a) Name and title	per week devoted t	compensation (Forms	cont	ributions to	(e) Estimated amount of other
		(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	oyee benefit and deferred	compensation
<del></del>	C 7 (	SPELTA	·	, , , ,			
					con	npensation	
		NTDECMOD _ 7/10 _ 6/20	40 00	30 306	con	<u>.                                      </u>	0
	עננסי	DIRECTOR - 7/19 - 6/20	40.00	30,306.	con	0 •	0
		HOUSEHOLDER			con	0.	
	TING	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20	40.00	30,306.	con	<u>.                                      </u>	0
	TING	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK	10.00	0.	con	0.	0
	TING LISS EC 1	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19			con	0.	
JE	TING LISS EC I	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE	10.00	0.	con	0.	0
JE BO	TING LISS EC I NNII ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR	10.00	0.	con	0.	0 .
JE BO LE	TING LISS EC I NNII ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH	10.00	0.	con	0.	0 .
JE BO LE BO	TING LISS EC I NNII ARD IGHT	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER	10.00	0.	con	0.	0
JE BO LE BO JA	TING LISS EC I NNII ARD IGH ARD Y C	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE	10.00 40.00 1.00	0. 0. 0.	con	0.	0
JE BO LE BO JA BO	TING EC I NNII ARD IGH' ARD Y CI	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER	10.00	0.	con	0.	0 .
BO JA BO R.	TING LISS EC INNII ARD IGHT ARD Y CI ARD PAI	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL	10.00 40.00 1.00 1.00	0. 0. 0.	con	0.	0.00
BO LE BO JA BO R. BO	TING LISS EC I NNII ARD IGH ARD Y CI ARD PAI	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER	10.00 40.00 1.00	0. 0. 0.	con	0.	0.
JE BO LE BO JA BO R•	TING LISS EC D NNID ARD IGHT ARD Y CD ARD PAU ARD N TD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER	10.00 40.00 1.00 1.00 1.00	0. 0. 0. 0.	con	0. 0. 0. 0.	0.00
BO JA BO RO BO	TING LISS EC INNII ARD IGHT ARD Y CI ARD PAU ARD ARD ARD ARD ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER MEMBER MEMBER MEMBER MEMBER	10.00 40.00 1.00 1.00	0. 0. 0.	con	0.	0.00
BO RO BO PE	TING LIS; EC INNII ARD ARD Y CI ARD PAG ARD ARD ARD ARD ARD TER	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER WOOLFOLK	10.00 40.00 1.00 1.00 1.00 1.00	0. 0. 0. 0.	con	0. 0. 0. 0.	0.000
BO BO BO BO BO BO BO BO	TING LIS; EC I NNII ARD IGHT ARD Y CI ARD PAU ARD ARD ARD TER ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER EPNER MEMBER WOOLFOLK MEMBER	10.00 40.00 1.00 1.00 1.00	0. 0. 0. 0.	con	0. 0. 0. 0.	0
BO BO BO RO BO BO DO DO DO DO DO DO DO DO DO DO DO DO DO	TING LISS EC INNII ARD IGHT ARD ARD ARD ARD ARD ARD TER ARD ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER WOOLFOLK MEMBER E STALER	10.00 40.00 1.00 1.00 1.00 1.00 1.00	0. 0. 0. 0. 0.	con	0. 0. 0. 0. 0.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BO BO BO RO BO BO DO DO DO DO DO DO DO DO DO DO DO DO DO	TING LISS EC INNII ARD IGHT ARD ARD ARD ARD ARD ARD TER ARD ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER EPNER MEMBER WOOLFOLK MEMBER	10.00 40.00 1.00 1.00 1.00 1.00	0. 0. 0. 0.	con	0. 0. 0. 0.	0.000
BO BO BO RO BO BO DO DO DO DO DO DO DO DO DO DO DO DO DO	TING LISS EC INNII ARD IGHT ARD ARD ARD ARD ARD ARD TER ARD ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER WOOLFOLK MEMBER E STALER	10.00 40.00 1.00 1.00 1.00 1.00 1.00	0. 0. 0. 0. 0.	con	0. 0. 0. 0. 0.	0.000
BO BO BO RO BO BO DO DO DO DO DO DO DO DO DO DO DO DO DO	TING LISS EC INNII ARD IGHT ARD ARD ARD ARD ARD ARD TER ARD ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER WOOLFOLK MEMBER E STALER	10.00 40.00 1.00 1.00 1.00 1.00 1.00	0. 0. 0. 0. 0.	con	0. 0. 0. 0. 0.	0.000
BO BO BO RO BO BO DO DO DO DO DO DO DO DO DO DO DO DO DO	TING LISS EC INNII ARD IGHT ARD ARD PAU ARD ARD TER ARD AND TER ARD	HOUSEHOLDER G PRESIDENT - EFFECTIVE 6/20 SA HOUCK DIRECTOR - 3/19 - 6/19 FER DAVIE CHAIR TON BUSH MEMBER LARKE MEMBER UL ROUSSEL MEMBER EPNER MEMBER WOOLFOLK MEMBER E STALER	10.00 40.00 1.00 1.00 1.00 1.00 1.00	0. 0. 0. 0. 0.	con	0. 0. 0. 0. 0.	0.000

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Fart V.) Check if the organization used Sch. O to respond to any question in this	5 Faii		
00			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 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	33		
٠.	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,"			3,7
	complete applicable parts of Schedule N	36		X
3/a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   37a   0.	4		х
20.0	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made	37b		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations. Enter:	1		
	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:	1		
	section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ ; section 4955 $\blacktriangleright$ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	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			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	by the organization U • U • 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		Х
41	List the states with which a copy of this return is filed ► TN	400		
	The organization's books are in care of ► THE ORGANIZATION  Telephone no. ► 615-25	0-4	222	
	Located at ▶ 25 CENTURY BLVD, SUITE 101, NASHVILLE, TN ZIP+4 ▶ 3			
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	
	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).			37
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here  and enter the amount of tax-exempt interest received or accrued during the tax year    43	N/A	🖊	ш
	and enter the amount of tax-exempt interest received of accrued during the tax year	14 / 23		
			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		Х
	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 O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00.53	(0040)
		Form 9	An-F7	(2019)

										Yes	No
		ganization engage, directly or indirectly, in po					-				X
Par	t VI	omplete Schedule C, Part I Section 501(c)(3) Organizations	s Only						4	6	
ı uı		All section 501(c)(3) organizations must a		49b and 52.	and complet	te the tables	s for line	es 50 and 51			
		Check if the organization used Schedule	· ·		-						
		<u> </u>		•						Yes	No
		ganization engage in lobbying activities or hav							_	7	Х
		anization a school as described in section 170								8	Х
		ganization make any transfers to an exempt n								9a	Х
		as the related organization a section 527 orga									
	•	this table for the organization's five highest co,000 of compensation from the organization.		•	ficers, director	rs, trustees, a	ina key e	mpioyees) wn	o eaci	1 received	more
	illall \$ 100	(a) Name and title of each employee	ii tilere is none, enter r	1	age hours	(c) Repo	vrtabla.	(d) Health ben	efits	(e) Estim	nated
		(a) Name and this of each employee			devoted to	compensation W-2/1099	on (Forms	contributions employee ben	to	amount of	
		NON	ΙE	pos	ition	W-2/1099	-IVIISC)	plans, and defe compensation	rred	compens	ation
									_		
									_		
	Total num	ber of other employees paid over \$100,000			<u> </u>						
		this table for the organization's five highest co				eived more th	an \$100.	000 of compe	nsatio	n from th	e
		on. If there is none, enter "None." NON					α φ,	000 0. 00p0			•
		ame and business address of each independe	nt contractor		(b	) Type of serv	/ice	(	<b>c)</b> Cor	npensatio	n
	Total num	ber of other independent contractors each re	ceiving over \$100,000			<b>—</b>					
		ganization complete Schedule A? Note: All se									
		d Schedule A							X	Yes	No
Under	penalties	of perjury, I declare that I have examined this	return, including accor	npanying sche	dules and stat	tements, and	to the be	st of my know	ledge	and belie	i, it is
true, c	orrect, ar	nd complete. Declaration of preparer (other tha	an officer) is based on a	II information	of which prepa	arer has any k	nowledg	e.			
		Signature of officer						Date			
Sign Here			ACETNO DDE	OTDENIE.	C / 2 /	^		Duito			
пете		ROBYN HOUSEHOLDER,  Type or print name and title	ACTING PRE	SIDEMI	- 6/20	J					
		Print/Type preparer's name	Preparer's signature		Date	I Ch	ieck	if PTIN			
	_		. Toparor 3 Signature		Date	I	lf- emplo	_			
Paid		FRANCES E. LEAHY	FRANCES E.	LEAHY	07/14		'	· I	071	L3593	,
-	oarer		LC		3 , , ±		irm's FIN	▶62-0			
use	Only		IRCLE ROAD	1			hone no.				
			TN 37228								
May th	ne IRS dis	scuss this return with the preparer shown abo	ve? See instructions					<b>&gt;</b>	X	Yes	No
									For	m <b>990-EZ</b>	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE INTEGRITY FOUNDATION, INC. 27-4586744 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

### 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		·	•			
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,500.	2,276.	1,200.	17,535.	96,101.	118,612.
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	1 500	0.076	1 000	48 505	06 101	110 (10
	Total. Add lines 1 through 3	1,500.	2,276.	1,200.	17,535.	96,101.	118,612.
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,						24 626
_	column (f)						24,636. 93,976.
	Public support. Subtract line 5 from line 4.						33,370.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	1,500.	2,276.	(c) 2017 1,200.	(d) 2018 17,535.	96,101.	(f) Total 118,612.
	Gross income from interest,		2,2,00			30,2021	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				328.	3,633.	3,961.
9	Net income from unrelated business					,	<u> </u>
_	activities, whether or not the						
	business is regularly carried on				6,975.		6,975.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						129,548.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
_	organization, check this box and stor		······				<u></u>
	ction C. Computation of Publ						70 54
	Public support percentage for 2019 (					14	72.54 %
	Public support percentage from 2018					15	83.75 %
16a	33 1/3% support test - 2019. If the c	•		•		•	
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the c	•		•		•	
17~	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes						
17 a		ū					•
	and if the organization meets the "fact meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
i.	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
		<u></u> u		., ,	,	555	

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

Section A. Public Support	ow, piease com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(3) 2010	(3) 2011	(4) 2010	(0) 2019	(i) iotai
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				1		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		ļ
<b>b</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.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨 🔼	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in 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.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for t</li></ul>	ho organization	'o firet econd this	d fourth or fifth	l	n 501(a)(2) arasi:	zotion.
				-		
check this box and stop here  Section C. Computation of Public						<b>P</b> L_
15 Public support percentage for 2019 (lin			column (f))		15	9
					<del>                                      </del>	
16 Public support percentage from 2018 Section D. Computation of Invest					16	
•		<u> </u>			17	
Investment income percentage for 201					<del>                                      </del>	
18 Investment income percentage from 20					18	17 is not
19a 33 1/3% support tests - 2019. If the o	-					I I IS HOL
more than 33 1/3%, check this box and						▶∟
<b>b 33 1/3% support tests - 2018.</b> If the o	· ·			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	a box on line 14, 19	a. or 19b. check t	his box and see in	structions	▶

### Part IV Supporting Organizations

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

### 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
3a		
OI-		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
3C		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			igo C
	Confinded)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<b>!-</b>		
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 government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b				
	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	OL.		
9	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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):			
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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BRIDGESTONE RETAIL OPERATIONS	17,500.	14,909.
BLUE CROSS BLUE SHEILD OF TENNESSEE	7,500.	4,909.
ASURION	5,000.	2,409.
INTERMARK GROUP	5,000.	2,409.
Total Excess Contributions to Schedule A, Part II, Line 5		24,636.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number

THE INTEGRITY FOUNDATION, INC.

27-4586744

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	Rule	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
	-	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the cy to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it <b>m</b> ı	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,500.	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
2		\$7,500.	Person X Payroll
(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
		\$	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 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 is	f 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	
		- - - _ \$		

**Employer identification number** 

Name of organization

27-4586744 THE INTEGRITY FOUNDATION, INC. 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. `fŕom 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 (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

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Name of the organization	ECDIEV BOINDAELON	T 3.T	· a				ntification number		
THE INTEGRITY FOUNDATION, INC. 27-4586744									
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.									
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g X Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			<u> </u>						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration		

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

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
			(a) Event #1 SONGWRITER'S NIGHT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	58,915.	(event type)	(cotal names)	58,915.
Ä		Less: Contributions	24,751.			24,751.
	3	Gross income (line 1 minus line 2)	34,164.			34,164.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,000.			2,000.
Jirect E	7	Food and beverages	7,009.			7,009.
	8 9	Entertainment Other direct expenses	22,162.			3,000. 22,162.
Pa	10 11		ine 3, column (d)	2000 Part IV line 10 or	<b>&gt;</b>	34,171. -7.
1 4		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, iiile 19, Oi	reported more triair	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
		Volunteer labor	∟∟ No	∟ No	No .	
		, ,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			1
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•	-	year?	Yes No
				<u> </u>	<u> </u>	

Schedule G (Form 990 or 990-EZ) 2019

Sch	redule G (Form 990 or 990-EZ) 2019 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:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
•	Enter the flame and address of the person who propares the organization organization of such a sound and resolution		
	Name ▶		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party  \$\sim_{		
	If "Yes," enter name and address of the third party:		
•	The root, often name and address of the time party.		
	Name ►		_
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	…      Yes	└─ No
k	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	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	$ ext{THE}$	INTEGRITY	FOUNDATION,	INC.	27-4586744	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation	(continued)				
	• • • • • • • • • • • • • • • • • • • •		,				
-							

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

932211 09-06-19

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE INTEGRITY FOUNDATION, INC.

Employer identification number 27-4586744

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		Schedule O (For	m 990 or 990-EZ) (2019)
ACCOUNTS PAYABLE		55,498.	5,055.
DUE TO BETTER BUSINESS BUREAU		98,638.	128,842.
	BEG.	OF YEAR	END OF YEAR
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
CONTRIBUTIONS RECEIVABLE		11,197.	27,405.
DESCRIPTION	BEG.	OF YEAR	END OF YEAR
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
TOTAL TO FORM 990-EZ, LINE 16			105,834.
OTHER			13,772.
MANAGEMENT FEES TO BBB			60,000.
PROGRAM EVENTS AND SCHOLARSHIPS			10,401.
DEPRECIATION			21,661.
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
TOTAL TO FORM 990-EZ, LINE 8			20,861.
TRAINING INCOME			840.
LEASE INCOME			20,021.
DESCRIPTION OF OTHER REVENUE:			AMOUNT:
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:			
INTEREST INCOME			3,633.
DESCRIPTION OF PROPERTY:			AMOUNT:
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INC	OME:		
THE INTEGRITY FOUNDATION, INC.		27-4	1586744

Name of the organization  THE INTEGRITY FOUNDATION, INC.		Employer ide 27-458	ntification number 6744
TOTAL TO FORM 990-EZ, LINE 26	4,1	36.	133,897.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATION	ONA	L PROGR	AMS
PROVIDED TO THE PUBLIC REGARDING BUSINESS ETHICS AND IN	TEG	RITY IN	THE
WORKPLACE.			
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN	EFI	T CONTR	ACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUN	DS, DIR	ECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CO	NTR	ACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PRE	MIU	MS, DIR	ECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.			