Form **990** 

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	e 2017 calendar year, or tax year beginning and	l ending						
<b>3</b> c	heck if	C Name of organization		D Employer identific	ation number				
	_Addre	GLOBAL INTEGRITY		]					
	Name chang	Doing business as		26-0126537					
	_lnitial _return _Final	1110 VEDMONT AVENUE NW	Room/suite 5 0 0	uite E Telephone number (202) 449-410					
	⊐return termir	( <sub>-</sub>   -			2,566,313.				
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20005							
$\vdash$	⊒return ∃Applio	WASHINGTON, DC 20005		H(a) Is this a group ref	turn				
	⊥tiòn pendi	F Name and address of principal officer: ALLAN 110050N			Yes X No				
			507	H(b) Are all subordinates ind					
		empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) te: ► WWW.GLOBALINTEGRITY.ORG	or 527	┥,	ist. (see instructions)				
				H(c) Group exemption					
	orm of		L Year	of formation: 2003 M	State of legal domicile: DC				
Pa		Summary	חמסממזי	DDOCDECC MC	WADD ODEM				
Governance	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\scriptsize TO}}$ S AND ACCOUNTABLE GOVERNANCE AROUND THE WO	RLD.	. PROGRESS IC	DWARD OPEN				
ž	2	Check this box  if the organization discontinued its operations or disposition of the continued its operations.	sed of more	e than 25% of its net as					
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
න ග	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	10				
ξ	6	Total number of volunteers (estimate if necessary)			7				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	l .	Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		991,354.	1,357,881.				
	9	Program service revenue (Part VIII, line 2g)		1,085,647.	1,138,469.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75.	117.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-170.	69,846.				
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,076,906.	2,566,313.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		831,802.	915,334.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)   144,3	38.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,591,616.	1,733,120.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,423,418.	2,648,454.				
		Revenue less expenses. Subtract line 18 from line 12		-346,512.	-82,141.				
ces			Be	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,056,828.	2,818,605.				
AS P B B B	21	Total liabilities (Part X, line 26)		1,801,187.	1,662,092.				
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,255,641.	1,156,513.				
Pa	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is				
rue,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any knowledge.					
Sign	n	Signature of officer		Date					
Her	е	ALAN HUDSON, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	1.	Date Check	PTIN				
Paid		FRANK H. SMITH Frank H. Smi	<b>W</b>	08/30/18 self-employed					
	oarer	Firm's name RAFFA, P.C.		Firm's EIN	52-1511275				
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850		,	201 000 500				
		WASHINGTON, DC 20036		Phone no. (20					
Иay	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
7320	01 11-2	98-17 LHA For Panerwork Reduction Act Notice see the senarate instruct	ions		Form <b>990</b> (2017)				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GLOBAL INTEGRITY CHAMPIONS AN OPEN, ACCOUNTABLE, AND EFFECTIVE
	GOVERNANCE AROUND THE WORLD, TAKING ACTION TO INFORM, CONNECT, AND
	EMPOWER CIVIC, PRIVATE AND PUBLIC REFORMERS SEEKING MORE OPEN
	SOCIETIES THROUGH INNOVATIVE RESEARCH AND DIRECT SUPPORT. GLOBAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,165,806 • including grants of \$ ) (Revenue \$ 1,138,469 • )
	OPENGOV HUB - THROUGH OUR LEADERSHIP OF THE OPEN GOV HUB, WHICH WE
	COFOUNDED IN 2012 AND MANAGE IN PARTNERSHIP WITH DEVELOPMENT GATEWAY,
	WE AIM TO INCREASE THE IMPACT OF THE GLOBAL OPEN GOVERNANCE MOVEMENT BY
	FACILITATING LEARNING, INNOVATION, AND COLLABORATION AMONG
	ORGANIZATIONS IN THIS FIELD. THE OPEN GOV HUB BRINGS TOGETHER OVER 40
	LIKEMINDED ORGANIZATIONS (AND OVER 200 INDIVIDUALS) TO SHARE RESOURCES
	AND WORK TOGETHER IN A VARIETY OF WAYS (IN ADDITION TO HOSTING AN
	AVERAGE OF 1,000 VISITORS/MONTH).
4b	(Code: ) (Expenses \$ 635,698 • including grants of \$ ) (Revenue \$ )
	INTEGRITY AND ANTI-CORRUPTION - OUR WORK IN THIS PROGRAM AREA AIMS TO
	STRENGTHEN THE EFFORTS OF DOMESTIC AND INTERNATIONAL ACTORS WORKING TO
	CRAFT SOLUTIONS TO GOVERNANCE AND CORRUPTION RELATED CHALLENGES. WE
	WORK WITH OUR PARTNERS TO IMPROVE THE QUALITY, USE AND IMPACT OF
	GOVERNANCE DATA AND HELP THEM TO DEVELOP AND APPLY INNOVATIVE
	APPROACHES TO ENGAGE WITH COMPLEXITY AND POWER. IN 2017, WE PURSUED
	THESE GOALS BY PRODUCING A NEW ROUND OF OUR AFRICA INTEGRITY INDICATORS
	RESEARCH, WORKING WITH TRANSPARENCY INTERNATIONAL CHAPTERS IN TUNISIA
	AND GEORGIA TO EXPLORE HOW CITIZENS DECIDE TO ACT AGAINST CORRUPTION,
	CONTRIBUTING TO WORKSHOPS FOCUSED ON 'DOING ANTI-CORRUPTION
	DIFFERENTLY, ' AND ENGAGING WITH VARIOUS EXTERNAL ACTORS, INCLUDING THE
	MILLENIUM CHALLENGE CORPORATION, THE WORLD BANK, AND OTHERS, WITH
4c	(Code:) (Expenses \$ 246,948 • including grants of \$) (Revenue \$)
	MULTISTAKEHOLDER GOVERNMENT INITIATIVES - OUR WORK IN THIS AREA AIMS TO
	SHARPEN THE IMPACT AND EFFECTIVENESS OF MSGIS, PRIMARILY BY SUPPORTING
	THEIR EFFORTS TO PUT LEARNING CENTER STAGE, AND BY HELPING COUNTRY
	LEVEL PARTNERS LEVERAGE MSGIS IN PARTICULAR PLACES TO TACKLE GOVERNANCE
	CHALLENGES IN THEIR CONTEXTS. IN 2017, WE PURSUED THESE GOALS IN
	VARIOUS WAYS, INCLUDING THROUGH SUPPORTING PARTNERS IN COSTA RICA IN
	STRENGTHENING LOCAL MULTISTAKEHOLDER OGP PROCESSES, ENGAGING WITH
	MEMBERS OF THE GLOBAL INITIATIVE FOR FISCAL TRANSPARENCY, AND
	SUPPORTING THE EFFORTS OF CSOS IN KENYA, TANZANIA, SOUTH AFRICA,
	INDONESIA, AND THE PHILIPPINES TO STRENGTHEN CITIZEN ENGAGEMENT IN
	SUBNATIONAL GOVERNANCE PROCESSES, AND OGP, IN THEIR CONTEXTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 127,690 • including grants of \$ ) (Revenue \$
4e	Total program service expenses 2,176,142.
	Form <b>990</b> (2017)

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# Form 990 (2017) GLOBAL INTEGRITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limit class statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19	000	X



# Form 990 (2017) GLOBAL INTEGRITY Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.7	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
33	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(0047)



Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 10								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
•	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	/2017					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Creck if Schedule O contains a response or note to any line in this Part VI			22						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a										
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion Divided (mis seed on Brequeste information about politics not required by the internal nevenue seeds.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b		- Tiu								
12a	Didd a state of the state of th	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
		125								
·	in Schedule O how this was done	12c	х							
13		13	X							
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
9	The organization's CEO, Executive Director, or top management official	15a	Х							
h	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
·Ju	taxable entity during the year?	16a		Х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ►CA , MA , NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le.							
	for public inspection. Indicate how you made these available. Check all that apply.		.0							
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
IJ	statements available to the public during the tax year.	ı ııı lai l	oiai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	ALAN HUDSON - (202) 449-4100									
	1110 VERMONT AVENUE, NW, NO. 500, WASHINGTON, DC 20005									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((	n compensat (C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	r box, ι		box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of
	week	$\vdash$	Ler an	d a director/trustee)			lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** =		and related
	below	idual	tution	l le	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn			
(1) ANDREW HOPPIN	1.25									
PRESIDENT		Х		Х				0.	0.	0
(2) DALE MURPHY	1.25								_	_
FREASURER & INTERIM SECRETARY		Х		Х				0.	0.	0
(3) RAINA KUMRA	1.00							_	_	_
SECRETARY - UNTIL 07/2017		Х		Х				0.	0.	0
(4) ANIA CALDERON	1.00	l							•	•
DIRECTOR	1 00	Х						0.	0.	0
(5) MARIA GONZALEZ DE ASIS	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0
(6) ABDOULIE JANNEH	1.00	<b>.</b> ,							0	0
DIRECTOR (7) GERTRUDE MUGIZI	1.00	Х						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(8) ALAN HUDSON	40.00							0.	•	-
EXECUTIVE DIRECTOR	40.00	1		x				149,660.	0.	16,856
(9) SCOTT RUMPSA	40.00							223,0000		20,000
DIRECTOR OF OPERATIONS & PROGRAMS		1		х				87,267.	0.	22,506
								,		
		1								
		1								
	1			_		_	<u> </u>			
		1								
	1		_	_		_				
		1								

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	<u>d Hi</u>	ighe	st C	Compensated Employe	es (continued)				
	(A) (B)				-	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one				one	Reportable	Reportable		Es	stimate	∍d	
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	า	an	nount	of
		week (list any		T	I	1	T	T	from	from related			other	. 4.1
		hours for	irecto						the organization	organizations (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	<sup>()</sup>		anizat	
		organizations	truste	al trus		/ee	mper		(11 27 1000 111100)				d relat	
		below	Individual trustee or director	Institutional trustee	, in	Key employee	est co	e.					anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	For						
	_		-											
			L											
							$\vdash$							
			L	_			_	┡			-			
			-											
											$\dashv$			
								L	236,927.		0.	3	9,3	62
	Sub-total								230,927.		0.		9,3	02.
	Total from continuation sheets to Part V								236,927.		0.	3	9,3	
<u>u</u>	Total (add lines 1b and 1c)  Total number of individuals (including but r								·	000 of reportable			<i>,</i> , ,	<u> </u>
	compensation from the organization	TOT INTINECE TO II			Ju u		o, w.			,,ooo or reportable				1
3	Did the organization list any <b>former</b> officer,	director or tr	ıcto	o ka	N/ Or	mole		or	highest componented o	mplayoo an	ı		Yes	No
3	line 1a? If "Yes," complete Schedule J for s				•	•	•		mignest compensated e			3		х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15	•		-					·	the organization		4	Х	
5	Did any person listed on line 1a receive or			•						idual for services		·		
	rendered to the organization? If "Yes," com											5		Х
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation f	from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithir T		year.			<u> </u>	
	(A) Name and business	address	N	INC	E				<b>(B)</b> Description of s	services	С	ompe	nsatio	n
	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi						0		<u>,                                      </u>					
												Form	990 (i	2017)

Form 990 (2017) GLOBAL
Part VIII Statement of Revenue

		Charle if Sahadula O centa	ine a roonanca	or noto to any li	oo in this Dort VIII			
		Check if Schedule O conta	uns a response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c f	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions, gifts, grants similar amounts not included above g Noncash contributions included in lines of the Total. Add lines 1a-1f	1b 1c 1d 1d 1e s, and e 1f 1, la-1f: \$	357,881.				
				Business Code				
Program Service Revenue	Ċ	c d			1,138,469.	1,138,469.		
Pro		All other pregram contine rever						
		f All other program service rever g Total. Add lines 2a-2f			1,138,469.			
	3	Investment income (including of other similar amounts)	dividends, intere	est, and  proceeds	117.			117. 279.
	5	Royalties			213.			213.
	k	a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
	(	d Net rental income or (loss)		<b></b>				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)						
		d Net gain or (loss)						
enne		Gross income from fundraising including \$						
Other Revenu		contributions reported on line Part IV, line 18 Less: direct expenses	a					
		Net income or (loss) from fundi	-	<b>P</b>				
		a Gross income from gaming act Part IV, line 19 b Less: direct expenses	а					
	C	Net income or (loss) from gami	ng activities	<u></u>				
		a Gross sales of inventory, less r and allowances b Less: cost of goods sold	а					
ļ	(	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				27 572
		FORGIVE. OF REV	• SHAKE	900099	37,573. 23,805.			37,573.
	k	RENTAL INCOME REIMBURSEMENTS		900099	23,805. 8,875.			23,805. 8,875.
				900099	-686.			-686.
		d All other revenue			69,567.			300.
	12	Total revenue. See instructions.		·····	2,566,313.		0.	69,963.

Form **990** (2017) **COPY**BALI1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 276,289. 57,909. 159,001. 59,379. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 492,959. 383,160. 69,835. 39,964. Other salaries and wages 7 Pension plan accruals and contributions (include 18,584. 14,621. 2,432 1,531. section 401(k) and 403(b) employer contributions) 60,293. 6,781. 5,355. 72,429. Other employee benefits 9 15,530. 55,073. 32,497. 7,046. Payroll taxes 10 Fees for services (non-employees): Management 6,218. 4,390. 1,515. 313. Legal 7,932. 93,801. 65,519. 20,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 374,170. 373,482. 688 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 54,485. 47,584. 5,177. 1,724. Office expenses 13 41,901. 29,066. 9,473. 3,362. 14 Information technology 15 Royalties 24,628. 859,295. 825,583. 9,084. 16 Occupancy 50,409. 45,311. 1,201. 3,897. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 84,100. 81,958. 1,127. 1,015. Conferences, conventions, and meetings 19 135. 68. 61. 6. Interest 20 Payments to affiliates \_\_\_\_\_ 21 2,467. 153,098. 143,920. 6,711. Depreciation, depletion, and amortization ..... 22 15,508. 10,781. 3,464. 1,263.23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 2,648,454. 2,176,142. 327,974. 144,338. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	πX	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			869,512.	1	929,161.
	2	Savings and temporary cash investments			50,000.	2	50,010.
	3	Pledges and grants receivable, net		980,592.	3	838,985.	
	4	Accounts receivable, net			8,547.	4	19,007.
	5	Loans and other receivables from current and for	fficers, directors,				
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifi	ed pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section		-			
		employers and sponsoring organizations of section	on 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			22,537.	9	16,022.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,513,455.			
	b	Less: accumulated depreciation	10b	595,367.	1,053,408.	10c	918,088.
	11	Investments - publicly traded securities	<u> </u>		11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1	_		13		
	14	Intangible assets		<u> </u>	14	45.220	
	15	Other assets. See Part IV, line 11		72,232.	15	47,332.	
	16	Total assets. Add lines 1 through 15 (must equa	3,056,828.	16	2,818,605.		
	17	Accounts payable and accrued expenses		96,581.	17	89,851.	
	18	Grants payable	42 456	18	40 000		
	19	Deferred revenue			43,456.	19	48,282.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		· · · · · · · · · · · · · · · · · · ·	1,661,150.	0.5	1,523,959.
		Schedule D			1,801,187.	25	1,662,092.
	26	Total liabilities. Add lines 17 through 25			1,001,107.	26	1,002,092.
"		Organizations that follow SFAS 117 (ASC 958)		ck nere 🚩 🔼 and			
Ses	07	complete lines 27 through 29, and lines 33 and			124,783.	27	60,945.
lan	27	Unrestricted net assets			1,130,858.	28	1,095,568.
Ba	28	Temporarily restricted net assets  Permanently restricted net assets			1,130,030.	29	1,055,500.
ů	29	Organizations that do not follow SFAS 117 (AS		2) shock hars		29	
Net Assets or Fund Balances		and complete lines 30 through 34.	oj, check liele 🚩 📖				
S O	30					20	
se	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or equ Retained earnings, endowment, accumulated inc		_		31 32	
Se	32 33			<b>—</b>	1,255,641.	33	1,156,513.
		Total liabilities and net assets/fund balances		II.	3,056,828.	34	2,818,605.
	34	Total liabilities and net assets/fund balances			3,030,020.	<del>34</del>	2,010,000.



Pa	rt XI Reconciliation of Net Assets				J			
	Check if Schedule O contains a response or note to any line in this Part XI				X			
	,							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,56	6,3	13.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,64	8,4	54.			
3	Revenue less expenses. Subtract line 2 from line 1	3			41.			
4								
5	Net unrealized gains (losses) on investments	5	1,25					
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	6,9	87.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt XII Financial Statements and Reporting	•	1,15					
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	ar guidite, explain why in Cabadula O and describe any stone taken to undergo augh audite		26		I			

#### **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

**Employer identification number** Name of the organization GLOBAL INTEGRITY 26-0126537 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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))

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,	` '	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	759,704.	2272621.	747,767.	974,367.	1357881.	6112340.
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	750 704	0000001	DAD DCD	004 260	1255001	6110240
	Total. Add lines 1 through 3	759,704.	2272621.	747,767.	974,367.	1357881.	6112340.
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,						1161110
_	column (f)						4161112. 1951228.
	Public support. Subtract line 5 from line 4.						1931220.
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
		(a) 2013 759, 704.	(b) 2014 2272621.	(c) 2015 747, 767.	(d) 2016 974,367.	(e) 2017 1357881.	(f) Total 6112340.
	Amounts from line 4 Gross income from interest,	755,7040	22/2021	747,7076	374,3076	1337001.	0112310.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	460.	8,948.	11,779.	4,153.	396.	25,736.
9	Net income from unrelated business		0,5200		2,200	3301	2077001
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		5,160.	463.	10,004.	1,776.	17,403.
11	<b>Total support.</b> Add lines 7 through 10						6155479.
12		etc. (see instruction	ons)			12 3	,820,112.
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	31.70 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	33.22 %
16a	33 1/3% support test - 2017. If the o	•		,		,	
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2016. If the o	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						<b>₽</b> ₩
18	Private foundation. If the organization	n did not check a	<u>00x on line 13, 16</u>	a, 160, 1/a, or 17b	o, cneck this box a	<u>ana see instruction</u>	s 🟲 📖



## 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.)

Sectio	n A. Public Support	ciow, picase com	piete i art ii.j				
	year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	s, grants, contributions, and	, ,	<u> </u>	` ,	, ,	1 ,	``
	mbership fees received. (Do not						
incl	ude any "unusual grants.")						
2 Gro mei forn any	oss receipts from admissions, rchandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose						
•	oss receipts from activities that						
are	not an unrelated trade or bus- ss under section 513						
	revenues levied for the organ-						
izat	ion's benefit and either paid to expended on its behalf						
	e value of services or facilities						
furr	nished by a governmental unit to organization without charge						
	***						
	al. Add lines 1 through 5		<del> </del>	+	+	+	
3 re	ounts included on lines 1, 2, and eceived from disqualified persons						
from exce	unts included on lines 2 and 3 received other than disqualified persons that ed the greater of \$5,000 or 1% of the unt on line 13 for the year						
<b>c</b> Add	d lines 7a and 7b						
	olic support. (Subtract line 7c from line 6.)						
Sectio	n B. Total Support						
Calendar	year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gro divi sec	ounts from line 6 ass income from interest, dends, payments received on curities loans, rents, royalties, d income from similar sources						
<b>b</b> Unr	elated business taxable income						
`	s section 511 taxes) from businesses uired after June 30, 1975						
<b>c</b> Add	d lines 10a and 10b						
11 Net acti	income from unrelated business ivities not included in line 10b, ether or not the business is ularly carried on						
12 Oth	ner income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	al support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
	<b>st five years.</b> If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	eck this box and stop here				<u></u>		<b>&gt;</b>
	n C. Computation of Publ						
	olic support percentage for 2017 (I			column (f))			%
	olic support percentage from 2016					16	%
Sectio	n D. Computation of Inves	stment Incom	e Percentage	!			
	estment income percentage for 20					17	%
	estment income percentage from 2					18	%
	1/3% support tests - 2017. If the						
moi	re than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	zation	▶□
	<b>1/3% support tests - 2016.</b> If the 18 is not more than 33 1/3%, che	•			•	•	
	vate foundation. If the organizatio						

# 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 (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 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Pa	rt IV   Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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			
			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)			
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	Ĺ П	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	<sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
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	ed Type III supporting org	anization (see
	instructions).			

Par	<sup>₹ V</sup> Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

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

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

### **MISCELLANEOUS**

- 0. 2013 AMOUNT: \$
- 2014 AMOUNT: 5,160.
- 463. 2015 AMOUNT:
- 2016 AMOUNT: 4.
- 2017 AMOUNT: 1,776.

#### EVENT REVENUE

- 2013 AMOUNT: 0.
- 0. 2014 AMOUNT:
- 2015 AMOUNT: 0.
- 5,000. 2016 AMOUNT:
- 0. 2017 AMOUNT:

#### HONORARIUM

- 2013 AMOUNT: \$ 0.
- 0. 2014 AMOUNT:
- 2015 AMOUNT: 0.
- 2016 AMOUNT: 5,000.
- 2017 AMOUNT: 0.

#### SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: PART II,

GLOBAL INTEGRITY MEETS THE FACTS AND CIRCUMSTANCES TEST UNDER INCOME TAX

REGULATIONS SEC. 1.170A-9T(F)(3) FOR THE CURRENT TAX YEAR (2017), BASED ON

THE FOUR TAX YEARS IMMEDIATELY PRECEDING THE CURRENT TAX YEAR (2013

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

THROUGH 2017).

UNDER THE FACTS AND CIRCUMSTANCES TEST: (1) GLOBAL INTEGRITY MAINTAINS A

CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITING FUNDS FROM THE GENERAL

PUBLIC, COMMUNITY, MEMBERSHIP GROUP INVOLVED, AND GOVERNMENTAL UNITS, AND

(2) THE SOURCES OF SUPPORT PROVIDE SERVICES DIRECTLY FOR THE BENEFIT OF

THE GENERAL PUBLIC ON A CONTINUING BASIS.

GLOBAL INTEGRITY'S FUNDRAISING, HISTORICALLY, HAS BEEN CONDUCTED PRIMARILY
BY DIRECT, PERSONAL CONTACT WITH POTENTIAL DONORS. IT IS CARRIED OUT UNDER
THE SUPERVISION OF OFFICERS OF GLOBAL INTEGRITY, ONLY TWO OF WHOM RECEIVE
COMPENSATION, WHICH IS RELATIVELY LOW, AND DIRECTORS OF GLOBAL INTEGRITY,
WHO ARE VOLUNTEERS. GLOBAL INTEGRITY INTENDS TO CONTINUE ITS EFFORTS TO
DEVELOP ITS PUBLIC SUPPORT PROGRAM. IT IS ANTICIPATED THAT THE PERCENTAGE
OF GLOBAL INTEGRITY'S PUBLIC SUPPORT WILL INCREASE IN FUTURE YEARS. GLOBAL
INTEGRITY'S GOAL IS TO RAISE ITS PUBLIC SUPPORT PERCENTAGE BEYOND THE
ONE-THIRD PUBLIC SUPPORT LEVEL.

IN ADDITION TO THE TWO REQUIREMENTS DISCUSSED ABOVE, THE FACTS RELATIVE TO THE OTHER RELEVANT PUBLIC SUPPORT FACTORS DESCRIBED IN REG. SEC.

1.170A-9T(F)(3) ARE PRESENTED BELOW:

(1) PERCENTAGE OF FINANCIAL SUPPORT FACTOR. GLOBAL INTEGRITY HAS RECEIVED OVER 33.22 PERCENT OF ITS SUPPORT FROM CONTRIBUTIONS MADE DIRECTLY BY THE GENERAL PUBLIC OVER THE LAST FIVE YEARS (2013-2017). THIS CONSTITUTES SIGNIFICANT PUBLIC SUPPORT, AND SUBSTANTIALLY EXCEEDS THE MINIMUM 10 PERCENT OF PUBLIC SUPPORT REQUIREMENT.

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
(2) SOURCES OF SUPPORT FACTOR. AS INDICATED ABOVE, GLOBAL INTEGRITY
RECEIVED CONTRIBUTIONS IN THE PERIOD 2013-2017 FROM A VARIETY OF
ORGANIZATIONS. GLOBAL INTEGRITY DID NOT CONDUCT ANY FORMAL SOLICITATION
PROGRAMS, AND HAD TO RELY ON PERSONAL CONTACT TO SOLICIT FUNDS. THIS
APPROACH HAS HAD A CERTAIN AMOUNT OF SUCCESS IN RECENT YEARS, AS GLOBAL
INTEGRITY RECEIVED GRANTS FROM OTHER PUBLIC CHARITIES.
(3) REPRESENTATIVE GOVERNING BODY FACTOR. GLOBAL INTEGRITY IS GOVERNED BY
A BOARD OF DIRECTORS COMPRISED OF INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE
AND EXPERTISE IN THE PARTICULAR FIELD IN WHICH GLOBAL INTEGRITY IS
OPERATING, EDUCATING THE PUBLIC ON THE IMPORTANCE OF OPEN GOVERNANCE.

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2017

**Employer identification number** 

	GLOBAL INTEGRITY	26-0126537					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
Note: Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	• • • • • • • • • • • • • • • • • • • •					
Special Rules							
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	, or 16b, and that received from					
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$							
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	Form 990, 990-EZ, or 990-PF),					

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

LHA 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) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 26-0126537

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		\$\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$ 125,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$\$.	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				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

# GLOBAL INTEGRITY

26-0126537

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	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
		- - - - \$	

Name of orga	nization			Employer identification	n number
GLOBAL	INTEGRITY			26-012653	37
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns <b>(a)</b> through <b>(e) and</b> the ss, charitable, etc., contributions of \$1,0	following line entry.	(c)(7), (8), or (10) that total more that	
(a) No. from	Use duplicate copies of Part III if addition			(1) 5	
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held
-		(e) Transfer o	f gift		
- - -	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transfered	e 
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held
	Transferee's name, address, a	(e) Transfer o		nship of transferor to transfere	e
- - -					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held
-		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transfered	e 
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held
[ -					
	Transferse la norma address a	f gift	nobin of transferon to the second	•	
-	Transferee's name, address, a	10 ZIP + 4	Relatio	nship of transferor to transfere	<del>e</del>
-					

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL INTEGRITY

**Employer identification number** 26-0126537

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
	are the organization's property, subject to the organization's $% \left( \frac{1}{2}\right) =\frac{1}{2}\left( \frac{1}{2}\right) \left( \frac{1}{$		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , , ,	
Da			
Pai		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	``.	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		
D	Total acreage restricted by conservation easements		<del> </del>
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		1 1
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
4 5		-	
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanking of violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	S	aming of violations, and officioning consolve	ation describing dailing the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		o. ga <b>_</b> a a acce
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2017

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets	continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a sig	nificant use	of its coll	ection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded			
	on Form 990, Part X?							🔲 Y	'es	O No
b	If "Yes," explain the arrangement in Part XIII									
								Ar	nount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							🔲 Y	'es	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	provided or	Part XIII				
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10	<b>)</b> .			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (	d) Three years	back (e	) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	า	_	
	by:							_	<u> Y</u>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							3	Ba(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							L	3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 99	0, Part X, I	ine 10.	,		
	Description of property	(a) Cost or o			or other		cumulated	(d)	Book v	/alue
		basis (investr	ment)	basis	(other)	depi	reciation			
	Land									
	Buildings			1 01	<del>_</del> ^^^		<del>71 222</del>		045	<b>704</b>
С	Leasehold improvements				7,093.		71,389			704.
d	Equipment				8,774.		41,984			<u>,790.</u>
	Other				7,588.		81,994	1		<u>,594.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			1	<b>9</b> T8	,088.

Schedule D (Form 990) 2017



Part VII	Investments -	Other	Securities.

Part VII	Investments - Other Securities.	an Farm 000 Part IV line	11h Can Faura 000	Dark V. line 10	
(a) Descrit	Complete if the organization answered "Yes" ption of security or category (including name of security)	(b) Book value			d-of-year market value
	al derivatives	(a) Book value	(e) meaned or v	aldation. Goot of one	or your market value
	-held equity interests				
(3) Other	Tiold oquity intorosto				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990.	Part X. line 13.	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990,	Part X, line 15.	
	(a) l	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(6) (7)					
(6) (7) (8) (9)	ımn (b) must equal Form 990, Part X, col. (B) line	÷ 15.)		<b>&gt;</b>	
(6) (7) (8) (9)	ımn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b>	÷ 15.)		<b>&gt;</b>	
(6) (7) (8) (9) Total. (Colu				1 990, Part X, line 25	
(6) (7) (8) (9) Total. (Colu	Other Liabilities.		e 11e or 11f. See Forn (b) Book value		
(6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability deral income taxes	on Form 990, Part IV, line	(b) Book value		
(6) (7) (8) (9) Total. (Columbra X Part X 1. (1) Fec (2) DE	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.	n 990, Part X, line 25	
(6) (7) (8) (9) Total. (Columbra X Part X 1. (1) Fec (2) DE	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability deral income taxes	on Form 990, Part IV, line	(b) Book value		
(6) (7) (8) (9) Total. (Colu. Part X 1. (1) Fec (2) DE	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		
(6) (7) (8) (9) Total. (Colu. Part X 1. (1) Fec (2) DE (3) SU	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		
(6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) DE (3) SU (4)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		
(6) (7) (8) (9) Total. (Columbra X Part X 1. (1) Fec (2) DE (3) SU (4) (5)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		
(6) (7) (8) (9) Total. (Columbrated No. 1) (1) Fec (2) DE (3) SU (4) (5) (6)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		
(6) (7) (8) (9) Total. (Columbrated No. 1) (1) Feccond (2) DE (3) SU (4) (5) (6) (7)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes  FERRED RENT AND LEASE I	on Form 990, Part IV, line	(b) Book value 1,517,459.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017



# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

GLOBAL INTEGRITY 26-0126537 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

			an be duplicated if additional space is	· ·	1
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	, , , , , , , , , , , , , , , , , , , ,	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
				LEARNING TO OPEN	
				GOVERNMENT PROJECT WORK	
CENTRAL AMERICA AND				AND AFRICA INTEGRITY	
THE CARIBBEAN	0	2	PROGRAM SERVICES	EDITOR WORK	6,448.
				LEARNING TO MAKE ALL	
EAST ASIA AND THE				     	
PACIFIC	0	0	PROGRAM SERVICES	WORK	70,297.
		-		DETERMINANTS OF ACTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				AGAINST CORRUPTION	
EUROPE (INCLUDING				RESEARCH AND WORKING	
ICELAND & GREENLAND)	0	20	PROGRAM SERVICES	WITH IDS ON THE LEARNING	87,049
			22.002.2		07,022
		_		FOLLOW THE MONEY FISCAL	
NORTH AMERICA	0	3	PROGRAM SERVICES	GOVERNANCE WORK	49,044.
				AFRICA INTEGRITY	
				INDICATORS RESEARCH IN	
				EACH COUNTRY AND	
SUB-SAHARAN AFRICA	0	135	PROGRAM SERVICES	LEARNING TO OPEN	472,700.
				AFRICA INTEGRITY	
				INDICATORS RESEARCH WORK	
MIDDLE EAST AND				ON NORTH AFRICAN	
NORTH AFRICA	0	17	PROGRAM SERVICES	COUNTRIES AND RESEARCH	46,822.
				DETERMINANTS OF ACTION	
				AGAINST CORRUPTION	
SOUTH AMERICA	0	3	PROGRAM SERVICES	RESEARCH	22,652.
				DECEADOU ON DEMEDWINAMA	
DUGGIA AND				RESEARCH ON DETERMINANTS	
RUSSIA AND		_	DDOGDAM GEDUIGES	OF CIVIC ENGAGEMENT IN	15.1
NEIGHBORING STATES	0		PROGRAM SERVICES	ANTICORRUPTION	17,144
3 a Sub-total	0	180			772,156
<b>b</b> Total from continuation	_	_			
sheets to Part I	0	0			15,539
c Totals (add lines 3a	_				
and 3b)	0	180			787,695

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017



Schedule F (Form 990)	GUODAU I			20-012033	Page 1
Part I Continuation	on of Activitie	s per Regio	1. (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	FUNDRAISING		15,539.
-					
Totals	,				15,539.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lett					•

Schedule F (Form 990) 2017

Page 2

26-0126537 GLOBAL INTEGRITY Schedule F (Form 990) 2017

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2017

	- t		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	□ No

Schedule F (Form 990) 2017

Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

GLOBAL INTEGRITY REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ACCRUAL BASIS.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: DETERMINANTS OF ACTION AGAINST CORRUPTION RESEARCH AND WORKING WITH IDS ON THE LEARNING TO MAKE ALL

VOICES COUNT RESEARCH

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AFRICA INTEGRITY INDICATORS RESEARCH IN EACH COUNTRY AND LEARNING TO OPEN GOVERNMENT AND LEARNING TO MAKE ALL VOICES COUNT PROJECT WORK IN SELECT COUNTRIES

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AFRICA INTEGRITY INDICATORS RESEARCH WORK ON NORTH AFRICAN COUNTRIES AND RESEARCH ON DETERMINANTS OF CIVIC ENGAGEMENT IN ANTICORRUPTION

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

GLOBAL INTEGRITY

**Employer identification number** 26-0126537

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
_		5a		х
a h	The organization?	5b		X
Ŋ	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_	· · · · · · · · · · · · · · · · · · ·	6a		х
a h	The organization? Any related organization?			X
Ŋ	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
	1.09414.0110 0001011 00. 1000 0(0)1			

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

Schedule J (Form 990) 2017



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(5)(1)-(0)	reported as deferred on prior Form 990
(1) ALAN HUDSON	(i)	149,660.	0.	0.	5,754.	11,102.	166,516.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Page 3

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# 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.

QMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

GLOBAL INTEGRITY

Employer identification number 26-0126537

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRITY COLLABORATES WITH LOCAL STAKEHOLDERS, HELPING TO PUT ADAPTIVE LEARNING - A STRUCTURED, DATA-DRIVEN, PROBLEM-FOCUSED AND ITERATIVE APPROACH TO LEARNING BY DOING, WHICH ENGAGES WITH LOCAL POLITICAL REALITIES WHILE DRAWING ON EXPERIENCES FROM ELSEWHERE - AT THE HEART OF THEIR EFFORTS TO DESIGN AND IMPLEMENT EFFECTIVE GOVERNANCE REFORMS. THIS CAN HELP REFORMERS CLOSE THE GAPS BETWEEN POLICY COMMITMENTS AND IMPLEMENTATION AND CONTRIBUTE TO BETTER GOVERNANCE AND DEVELOPMENT OUTCOMES. FURTHER, GLOBAL INTEGRITY SEEKS TO SUPPORT AND ENHANCE THE EFFECTIVENESS OF OTHER KEY PLAYERS IN THE GOVERNANCE ARENA BY SHARING MORE WIDELY THE INSIGHTS GENERATED FROM THE INNOVATIVE AND EXPLORATORY WORK WITH LOCAL PARTNERS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RESPECT TO THE USE AND USEFULNESS OF GOVERNANCE INDICATORS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OPEN FISCAL GOVERNANCE **EXPENSES \$ 84,723.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ADVOCACY EXPENSES \$ 34,086. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MONEY, POLITICS AND TRANSPARENCY EXPENSES \$ 8,881. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2017)



Name of the organization

GLOBAL INTEGRITY

Emp

Employer identification number 26-0126537

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO OTHER COMMITTEES THAT MAY ACT ON THE BEHALF OF THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS PREPARED BY GLOBAL INTEGRITY STAFF AND OUR AUDIT

FIRM, RAFFA, WITH REVIEW AND ADVICE FROM OUR OUTSOURCED ACCOUNTING SERVICES

FIRM, JITASA. ONCE PREPARED, GLOBAL INTEGRITY MANAGEMENT REVIEWS FOR

ACCURACY, AND WHEN THEY ARE IN AGREEMENT, THE ENTIRE DRAFT FEDERAL FORM 990

IS PROVIDED TO THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW

AND TO COLLECT ANY CONCERNS OR FEEDBACK. ONCE APPROVED, THE FEDERAL FORM

990 IS FILED WITH THE INTERNAL REVENUE SERVICE AND UPLOADED FOR PUBLIC

VIEWING ON OUR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE OF THE BOARD SHALL

ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: (A) HAS RECEIVED

A COPY OF THE CONFLICT OF INTEREST POLICY (COI), AND (B) HAS READ AND

UNDERSTANDS THIS POLICY, AND HAS AGREED TO COMPLY WITH THIS POLICY. THE

COI POLICY IS ALWAYS TAKEN INTO CONSIDERATION WHEN THERE IS THE POTENTIAL

FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW

RELATIONSHIPS.

IF THE BOARD DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO
DISCLOSE AN ACTUAL OR POSSIBLE INTEREST, IT SHALL TAKE APPROPRIATE

DISCIPLINARY AND CORRECTIVE ACTION WHICH MAY INCLUDE: A) RECONSIDERATION OF
WHETHER THE TRANSACTION OR ARRANGEMENT WAS IN THE BEST INTERESTS OF AND WAS
FAIR AND REASONABLE TO THE ORGANIZATION AT THE TIME IT WAS UNDERTAKEN; B)

Schedule O (Form 990 or 990-EZ) (2017)			Page 2
Name of the organization  GLOBAL INTEGRITY	Employe 26	er identification -012653	on number 7
RECOMMENDING THE INTERESTED PERSON'S REMOVAL FROM THE BOA	RD OR	STAFF;	AND
C) ANY OTHER ACTION.			
FORM 990, PART VI, SECTION B, LINE 15A:			
TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR,	GLOBA	L INTEG	RITY
ANALYZED COMPARABLE SALARIES AT OTHER NON-PROFIT ORGANIZA	TIONS	OF A S	IMILAR
SIZE. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTOR	S REV	IEWED T	HE
EXECUTIVE DIRECTOR'S SALARY AND RECOMMENDED AN ADJUSTMENT	WITH	THEIR	
DECISION BEING DOCUMENTED IN COMMITTEE NOTES.			
FORM 990, PART VI, SECTION C, LINE 19:			
GLOBAL INTEGRITY PROACTIVELY SHARES FINANCIAL STATEMENTS	AND T	HE ANNU	AL
FEDERAL FORM 990 BY MAKING EACH, SINCE OUR FOUNDING, AVAI	LABLE	FOR RE	VIEW
AND DOWNLOAD ON THE WEBSITE. THE CONFLICT OF INTEREST POL	ICY A	ND GOVE	RNING
DOCUMENTS AS WELL AS OTHER MATERIALS ARE MADE AVAILABLE U	IPON RI	EQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:			
ON-SITE CONTRACTORS:			
PROGRAM SERVICE EXPENSES		9	5,004.
MANAGEMENT AND GENERAL EXPENSES			508.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES		9	5,512.
INTERNATIONAL CONTRACTORS:			
PROGRAM SERVICE EXPENSES		23	8,850.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES		23	8,850.

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

Name of the organization  GLOBAL INTEGRITY	Employer identification number 26-0126537
DOMESTIC CONTRACTORS:	
PROGRAM SERVICE EXPENSES	36,179.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,179.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	3,300.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,300.
RECRUITING:	
PROGRAM SERVICE EXPENSES	149.
MANAGEMENT AND GENERAL EXPENSES	180.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	329.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	374,170.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REDUCTION OF PRIOR YEAR GRANT	-16,987.