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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 black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

A	For the	2009 calendar year, or tax year beginning and ending		
В	Check if applicable	Please use IRS	D Employer identifi	cation number
[-	Addre	is label or GT OD AT TAMBER DIENT		
	Name change	type	26-0	126537
Ļ	Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/si		
<u>_</u>	Termin	Instruc 1029 VERMONT AVE, NW 600	202-	449-4100
Ļ	Ameno		G Gross receipts \$	886,912.
L	Applic tion pendir	H(a) Is this a group re		
	F • · · • · · ·	F Name and address of principal officer NATHANIEL S. HELLER	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	
		empt status. X 501(c) (3) (insert no) 4947(a)(1) or 527		list (see instructions)
		e: ► WWW.GLOBALINTEGRITY.ORG organization X Corporation Trust Association Other ► Ly	H(c) Group exemptio	
	art i	organization X Corporation Trust Association Other ► LY Summary	ear of formation 2003 N	1 State of legal domicile DC
<u> </u>	1	Briefly describe the organization's mission or most significant activities: SEE PART	III, LINE 1	
Governance				
rna	2	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
es	5	Total number of employees (Part V, line 2a)	5	9
Ξ	6	Total number of volunteers (estimate if necessary)	6	8
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	761,800.	883,049.
Revenue		Program service revenue (Part VIII, line 2g)	·	
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	16.	5.
	11	Other revenue (Part VIII, column A), lines 5 6 8 9 9 9 and 1 e)	1,425.	3,858.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	763,241.	886,912.
		Grants and similar amounts paid (Bart IX, column (A), lines 1-3)		101,140.
	1	Benefits paid to or for members (Earl IX, 126) \m(1)(A), (1)(A)	202 (12	124 026
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column A), lines 5·10)	382,613. 330,909.	424,036.
ben	loa	Professional fundraising fees (Part IX, column (4) line 11e). Total fundraising expenses (Part IX, column (D); line 25). 92,530.	330,303.	
Ä	17	· · · · · · · · · · · · · · · · · · ·	262,112.	525,732.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	975,634.	1,050,908.
		Revenue less expenses Subtract line 18 from line 12	-212,393.	-163,996.
or Ses		tevenue less expenses oubtract line 10 from line 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	343,976.	202,528.
ASS	21	Total liabilities (Part X, line 26)	79,979.	102,527.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	263,997.	100,001.
P	art II	Signature Block		
€3		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declarating of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge	ge and belief, it is true, correct,
e.		Maxe		- /-
·Sig	n			12010
He	re	Signature of officer	Date	
();		NATHANIEL S. HELLER, MANAGING DIRECTOR		
<u>III</u>		Type or print name and title		
	d	Preparer's Date Market	Check if Prepare	er's identifying number structions)
Pre	parer's	Signature / // // // // // // // // // // // //	employed	
()	Only	WOURT GEDIAN, ROSENDERG & FREEDMAN	EIN >	
		4550 MONTGOMERY AVE., SUITE 650 NOR		201) 051 0000
<u></u>		ZIP+4 BETHESDA, MARYLAND 20814-2930	Phone no P (301) 951–9090
		S discuss this return with the preparer shown above? (see instructions)		X Yes No
9320	001 02-0	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)

Pa	t III Ştatement of Program Service Accomplishments
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
	GLOBAL INTEGRITY GENERATES, SYNTHESIZES, AND DISSEMINATES CREDIBLE,
	COMPREHENSIVE AND TIMELY INFROMATION ON GOVERNANACE AND CORRUPTION
	TRENDS AROUND THE WORLD. AS AN INDEPENDENT INFORMATION PROVIDER
	EMPLOYING ON-THE-GROUND EXPERTISE, GLOBAL INTEGRITY PRODUCES ORIGINAL
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 exempt purpose achievements for each of the organization's three largest program services by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	anocations to others, the total expenses, and revenue, if any, for each program service reported
12	(Code) (Expenses \$ 489,984 • including grants of \$) (Revenue \$)
40	GLOBAL INTEGRITY REPORT: THE GLOBAL INTEGRITY REPORT IS AN ANNUAL
	COMPILATION OF IN-DEPTH COUNTRY REPORTS THAT ASSESS THE EXISTENCE AND
	EFFECTIVENESS OF GOOD GOVERNANCE AND ANTI-CORRUPTION MECHANISMS IN
	COUNTRIES AROUND THE WORLD. THE REPORT IS GENERATED BY TEAMS OF
	IN-COUNTRY JOURNALISTS, RESEARCHERS AND ACADEMICS COORDINATED BY GLOBAL
	INTEGRITY HEADQUARTERS STAFF IN WASHINGTON, D.C. THE RESULTANT DATA AND
	REPORTING ARE USED BY POLICYMAKERS, GRASSROOTS ADVOCATES, AND INVESTORS
	TO PROMOTE MORE EFFECTIVE, EVIDENCE-BASED GOVERNANCE REFORMS.
	TO PROMOTE MORE EFFECTIVE, EVIDENCE-BASED GOVERNANCE REFORMS.
	112 240
4b	(Code.) (Expenses \$ 112,249 · including grants of \$ 101,140 ·) (Revenue \$)
	LATIN AMERICA SUB-NATIONAL - GLOBAL INTEGRITY'S LATIN AMERICA
	SUB-NATIONAL PROGRAM AIMS TO ASSESS THE EXISTENCE AND EFFECTIVENESS OF
	KEY PUBLIC SECTOR ANTI-CORRUPTION MECHANISMS AT THE PROVINCIAL,
	REGIONAL, AND MUNICIPAL LEVEL IN ARGENTINA, PERU, AND ECUADOR,
	RESPECTIVELY. QUANTITATIVE INTEGRITY INDICATORS ARE DEVELOPED AND
	FIELDED BY LOCAL TEAMS OF RESEARCHERS AND ACADEMICS IN EACH COUNTRY,
	AND THE RESULTANT DATA IS USED BY LOCAL GROUPS TO DESIGN EVIDENCE-BASED
	POLICY REFORM PROPOSALS.
	70.700
4c	(Code) (Expenses \$ 70,799 · including grants of \$) (Revenue \$)
	INDABA - INDABA IS THE THIRD-GENERATION OF GLOBAL INTEGRITY'S FIELDWORK
	PLATFORM AND OFFERS A LOW-BANDWIDTH WEB-BASED INTERFACE FOR GATHERING,
	REVIEWING, EDITING, AND PUBLISHING ALL OF GLOBAL INTEGRITY'S PROJECTS
	AND FIELDWORK. GLOBAL INTEGRITY IS BEGINNING TO MAKE THE PLATFORM
	AVAILABLE TO OTHER NON-GOVERNMENT GROUPS WORKING ON SIMILAR ISSUES TO
	HELP THEM IMPROVE THE EFFICIENCY OF THEIR OWN FIELDWORK.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 159,552 · including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶\$ 832,584.
	Form 990 (2009)

Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1_	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X					
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_		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		ا ۔ ا					
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	g accombine to process,							
^	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			17				
^	Schedule D, Part III	8		Х				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			v				
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х				
11								
••	as applicable	11	Х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	' '	Λ					
	Part VI							
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII							
•	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 167 If "Yes," complete Schedule D, Part IX							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			:				
	Schedule D, Parts XI, XII, and XIII	12	Х					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>				
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	_X					
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	4.5	Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15						
. •	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х				
17								
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"							
	complete Schedule G, Part III	19		Х				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X				
		Form	990 (2	2009)				

Pa	t IV Checklist of Required Schedules (continued)			
	Charling of Heddings Continues)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		163	110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			

Form 990 (2009)

Note. All Form 990 filers are required to complete Schedule O.

Form	990 (2009) GLOBAL INTEGRITY	26-0126	537	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	US Information Returns Enter -0- if not applicable	1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	ı	1c	Χ	
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 9	1 1	1,	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2ь	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see i	•			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return'?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	iccount),	44		
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E	Pank and			
	Financial Accounts.	Dair and			
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	ction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regal				
	Tax Shelter Transaction?	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			•
	were not tax deductible?		6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).				-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization receive a payment in excess of \$75 made partly as a contribution and partly for organization received a payment in excess of \$75 made partly as a contribution and partly for organization received a payment in excess of \$75 made partly as a contribution and partly for organization received a payment in excess of \$75 made partly as a contribution of the partly and the partly as a contribution of the partly as a c	goods and services			١.,
	provided to the payor?		7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	7-		х
a	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	7d	7с		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
C	benefit contract?	ersonal	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	· · · · · · · · · · · · · · · · · · ·	-		<u> </u>
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce				}
	at any time during the year?	N/A	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	/-			}
а	Did the organization make any taxable distributions under section 4966?	N/A	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:				1
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(a)(12) organizations. Fator.	10b	1		
11	Section 501(c)(12) organizations. Enter Gross Income from members or shareholders N/A	110	•		[
a h		11a	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	ĺ	Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
			Form	agn	(2009)

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

Sec	tion A. Governing Body and Management									
			_		Yes	No				
1a	Enter the number of voting members of the governing body	1a	9							
b	Enter the number of voting members that are independent	1b	8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any of	ther							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct sup	ervision							
	of officers, directors or trustees, or key employees to a management company or other person?			3_		X				
4	j									
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts ⁹		5		X				
6										
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the	Э			Х				
	governing body?									
_	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the y	ear							
	by the following				.,					
	The governing body?			8a	X					
	Each committee with authority to act on behalf of the governing body?			8ь	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the		_		v				
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>				
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Cod	<u>∍)</u>		<u></u>					
102	Does the organization have local chapters, branches, or affiliates?			10a	Yes	No X				
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters of	filiates	10a		- 11				
	and branches to ensure their operations are consistent with those of the organization?	ciiapieis, ai	mates,	10ь						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form	2	11	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing the form			**					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х					
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aive rise		120						
_	to conflicts?									
С	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this is done			12c	Х					
13	Does the organization have a written whistleblower policy?			13	Х					
14	Does 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 approve	al by indeper	ndent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				17				
	taxable entity during the year?			16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva		icipation							
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anization's								
	exempt status with respect to such arrangements?			16b						
<u>3ec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE		-							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7		only) ovallable	for						
	public inspection. Indicate how you make these available. Check all that apply	(00)(0)(0)(0)	any) available	101						
	X Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of inte	erest noticy a	nd fine	ncıal					
	statements available to the public.	ominor or mit	nost policy, al		, iciai					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records o	f the organiza	tion. Þ	•					
	ARMEN VONORTAS - 202-449-4100	,	ryainza							
	1029 VERMONT AVENUE, NW, SUITE 600, WASHINGTON, DC	2000	5							
				Form	990 (2009)				

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

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. Use Schedule J-2 if additional space is needed

- 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. 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) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
rame and me	hours	(c	(check all that apply)				ly)	compensation	compensation	amount of	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DAVID COHEN											
PRESIDENT	2.00	X	ļ	X		<u> </u>		0.	0.	0	
NATHANIEL HELLER MANAGING DIR./SECRETARY	40.00	٠,		,,				105 000	•	10 001	
MARIANNE CAMERER	40.00	X		X	-			125,000.	0.	18,031	
INT. DIR./BOARD MEMBER	2.00	v		X	ŀ			0.	0.	0	
BARRY HERMAN	2.00	Λ						0.		0	
TREASURER	2.00	Х		X				0.	0.	0	
MARK DAVIES											
BOARD MEMBER	2.00	Х						0.	0.	0	
DALE MURPHY									-		
BOARD MEMBER	2.00	X						0.	0.	0	
STACY DONOHUE	2 00	,,							•	•	
BOARD MEMBER MELISSA THOMAS	2.00	X		<u> </u>		-		0.	0.	0	
BOARD MEMBER	2.00	X						0.	0.	0	
SUSAN ALBRECHT	2.00					-		- 0.			
BOARD MEMBER	2.00	X						0.	0.	0	
							_				
-19	-										
	!										

932007 02-04-10

	(A)	(B)	mpic	yee			High	est	(D)		$\overline{}$		<u>.</u>	
	Name and title	(B) (C) Average Position							Reportable	(E) Reportable		Fs	(F) stimat	ed
		hours per					app	oly)	compensation	compensation from related	n		nount other	of
		week	or direct	92			pate		the organization	organizations (W-2/1099-MIS			pensa	
			trustee	al truste		86	Subduc		(W-2/1099-MISC)	(-/	org	anıza	tion
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relat anızat	
			-				Ι 6	14.						
											-			
	- N													
				_							-			
					_					·	\dashv			
<u>-</u>			-				<u> </u>					-		
1b 2	Total	-		1	ا د اد		>		125,000.		0.	1	8,0	31.
	Total number of individuals (including but n compensation from the organization	ot iimitea to th	iose	liste	eo ar	DOVE	e) wr	10 re	eceived more than \$100	,000 in reportable)			1
2	Did the accordance had an effective	-1		•							F		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	, ke	y em	plo	yee,	or r	nighest compensated er	nployee on		3		Х
4	For any individual listed on line 1a, is the su									the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									ces rendered to	L	4		X
	the organization? If "Yes," complete Schedi											5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com		tion f	rom	
	the organization NONE													
	(A) Name and business	address							(B) Description of s	ervices	Co	(C mpe	;) nsatio	'n
		-							W - 42					
								-						
								Ì						
2	Total number of independent contractors (ii \$100,000 in compensation from the organization from the organizati		ot li	mite	d to		se lis)	sted	l above) who received m	ore than				
		- Lucii F		_						<u></u>	F	orm	990 ((2009)

886,912. 0. 0. 3,863. Form **990** (2009)

3,858.

3,858.

Business Code

900099

b

932009 02-04-10 Miscellaneous Revenue

11 a MISCELLANEOUS

e Total. Add lines 11a-11d

Total revenue See instructions

d All other revenue

3,858.

Part IX | Statement of Functional Expenses

GLOBAL INTEGRITY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		_ :-		
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16	101,140.	101,140.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1.0.00			
	trustees, and key employees	143,031.	118,716.	10,012.	14,303
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	232,791.	161,082.	24 210	47 400
7	Other salaries and wages	232,191.	101,002.	24,210.	47,499
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	20,177.	13,063.	2,310.	4 804
10	Payroll taxes	28,037.	20,374.	2,261.	4,804. 5,402.
11	Fees for services (non-employees):	20,00,0	20,0110	2/2010	3,102
а	Management				
b	Legal	5,081.		5,081.	····
c	Accounting	20,649.	2,064.	18,585.	
d	Lobbying			• • • • • • • • • • • • • • • • • • • •	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	237,271.	234,593.	1,659.	1,019.
12	Advertising and promotion				
13	Office expenses	46,363.	41,439.	4,844.	80.
14	Information technology	106,623.	100,453.	6,166.	4.
15	Royalties	67.016	15 140	20.00	
16	Occupancy	67,916.	15,140.	38,363.	14,413. 4,149.
17	Travel	34,881.	23,784.	6,948.	4,149.
18	Payments of travel or entertainment expenses		1		
40	for any federal, state, or local public officials	1 725		868.	057
19	Conferences, conventions, and meetings	1,725.		000.	857.
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1,559.	390.	1,169.	
23	Insurance	3,472.	346.	3,126.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	37172	3100	3,120.	
а	OTHER	192.		192.	
b			-		
c					
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	1,050,908.	832,584.	125,794.	92,530
26	Joint costs Check here If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Form **990** (2009)

Par	tΧ	Balance Sheet					
		_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			144,180.	1	34,511.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			180,649.	3	150,200. 1,106.
	4	Accounts receivable, net		4	1,106.		
	5	Receivables from current and former officers, di	s, trustees, key				
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 49		.			
		Part II of Schedule L	. , , ,			6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		10,021.	9	7,875.	
	ĺ	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	9,051.			i i
	h	Less: accumulated depreciation	10b	9,051. 5,203.	4,138.	10c	3,848.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	4,988.	15	4,988.		
	16	Total assets. Add lines 1 through 15 (must equ	343,976.	16	4,988. 202,528.		
	17	Accounts payable and accrued expenses	77,203.	17	67,397.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
"	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
Ē		highest compensated employees, and disqualif					
Ľ:	Ì	of Schedule L	iou poi	cons. complete rait ii		22	İ
	23	Secured mortgages and notes payable to unrel	ated th	aird parties		23	
	24	Unsecured notes and loans payable to unrelate				24	30,000.
	25	Other liabilities Complete Part X of Schedule D		partioo	2,776.	25	5,130.
	26	Total liabilities. Add lines 17 through 25			79,979.	26	102,527.
		Organizations that follow SFAS 117, check h	ere D	X and complete			
s	Ì	lines 27 through 29, and lines 33 and 34.					
၁င	27	Unrestricted net assets			83,167.	27	-335,725.
Net Assets or Fund Balances	28	Temporarily restricted net assets			180,830.	28	435,726.
ä	29	Permanently restricted net assets			29	<u> </u>	
Š		Organizations that do not follow SFAS 117, or	check	here 🕨 🔲 and			
Ĕ		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds			30	Í	
šse	31	Paid-in or capital surplus, or land, building, or e		ent fund		31	
t As	1	Retained earnings, endowment, accumulated is			-	32	
Se	32	Total net assets or fund balances	ICOME	, or other funds	263,997.	33	100,001.
	1				343,976.		202,528.
	34	Total liabilities and net assets/fund balances			313/3/0	1 34	5 000 (2000)

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			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.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	Ī
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			Ė
	consolidated basis, separate basis, or both			ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			Ė
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		İ
		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the	e organization	on						E	mployer	identification number	
			INTEGRITY						2	6-0126537	
Part I	Reason 1	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part) See inst	tructions.			
1	A church, cor A school desc A hospital or a	nvention of churches cribed in section 17 a cooperative hospit	pecause it is: (For lines 1 s, or association of churce 0(b)(1)(A)(ii). (Attach Scial service organization operated in conjunction	ches desci hedule E) described i	ribed in se In section	ction 170	(b)(1)(A)(i) (A)(iii).		i) Enter 1	the hospital's name	
	ity, and state		porated in conjunction	with a nos	pitai acsoi	1000 111 30	C 170	(0)(1)(///////	ij. Linter t	ine nospital s name,	
5	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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
			•	or its supp	ort nom a	governine	intai uniit u	i iioiii tiie	generar	public described in	
8 A A A A A A A A A A A A A A A A A A A	A community An organization org	on that normally recovered to its exempt further to its exempt fur	ection 170(b)(1)(A)(vi). (elives (1) more than 33 1 actions - subject to certal axable income (less sections). Part III.) berated exclusively to test elevated exclusively for the tions described in section organization and complete the organization is not than one or more publicly ten determination from the box reganization accepted an irrectly controls, either all apported organization?	in exception of its and exception of the second of the sec	support fi ons, and (2 x) from but oc safety S of, to perfor 1) or section 1 e through e III - Funct of directly of d organization at it is a Ty contribution ether with	2) no more sinesses a See section from the fur in 509(a)(2) 11h. It tionally interindirectly ittons described, Type	than 33 1 acquired by n 509(a)(4 actions of, 2) See second by one or cribed in still, or Type of the folks	/3% of its y the orga i). or to carry ction 509(a) r more discection 509 e III	support nization and yout the ani(3). Che di qualified (9(a)(1) or a sons?	from gross investment after June 30, 1975. purposes of one or eck the box that Type III · Other persons other than section 509(a)(2) Yes No 11g(i) 11g(ii)	
_		· ·	person described in (i) or about the supported org	, ,						11g(iii)	
(i) Name of organi	f supported ization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (ı) lıs	organization sted in your document?	organizat	on in col support?	(vi) is organizatio (i) organiza U S	on in col ed in the	(vii) Amount of support	
			(300 manuonona))	168	140	162	No	Yes	No		
	-										
Total						:		1			

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 GLOBAL INTEGRITY 26-0126537 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 416,465 include any "unusual grants") 761,800. 883,049 1,082,350 3,143,664. 2 Tax revenues levied for the organization'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 416,465. 761,800. 883,049. 4 Total. Add lines 1 through 3 1 082 350. 3,143,664. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,273,980. 6 Public support. Subtract line 5 from line 4 1,869,684. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 416,465. 761,800. 883,049. 7 Amounts from line 4 1,082,350 3,143,664. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,031 967 16 5. 2,019. and income from similar sources Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 5,047. 1,425 3,858. assets (Explain in Part IV) 10,330. 11 Total support. Add lines 7 through 10 3,156,013. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here $\triangleright X$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	art III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	, if you checked the t	oox on line 9 of Part I)
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		_				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		ŀ				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			
	Amounts included on lines 1, 2, and		<u></u>				
	3 received from disqualified persons		1				
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b				1		
8	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>			
Se	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	
Cal	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add tines 9, 10c, 11, and 12)			<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organı	zation,
_	check this box and stop here						<u>▶</u>
Se	ction C. Computation of Publ						
15	Public support percentage for 2009 (-	column (f))		15	%
16	Public support percentage from 2008					16	%
Se	ction D. Computation of Inve	<u>stment Incom</u>	<u>e Percentage</u>				
17	Investment income percentage for 20	1 09 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	
t	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶ □ 90 or 990-EZ) 2009
					301		70 UI 33U-ELJ 2009

Schedule D

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL INTEGRITY

Employer identification number 26-0126537

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	• • • • • • • • • • • • • • • • • • •	Yes No
6	Did the organization inform all grantees, donors, and donor	_	
	for charitable purposes and not for the benefit of the donor		•
	impermissible private benefit?	,	Yes No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С		tructure included in (a)	2c
d		* *	2d
3	Number of conservation easements modified, transferred, re		L
	year ▶		g
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items.		•
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS		
а	5		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			-

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

2. FIN 48 Footnote In Part XIV, 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.

	ule D (Form 990) 2009 GLOBAL INTEGRITY				126537	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat	ements		_
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,912.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,050	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			,996.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		_	
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	3.9	10		-163	,996.
Par	XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	886	,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	886	,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b	_			
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		,912.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses pe	r Retur		
1	Total expenses and losses per audited financial statements			1	1,050	<u>,908.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a	_ <u>,</u>	_		
b	Prior year adjustments	2b				
C	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,050	<u>,908.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		_		
С	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,050	<u>,908.</u>
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				nformation	
PAI	TX: IN JUNE 2006, THE FINANCIAL ACCOUNTING	NG STANDAR	DS BO	ARD_		
	CD) DELEACED EACH ACC 740 10 INCOME MAYER	- miiam Dr	OUTDE	c cut	י שמאנים	EOD.
(F Z	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, THAT PR	COVIDE	S GOT	DANCE	FOR
חח	CODULTIO INCEDUATION IN INCOME MAYER FOR MI	ur vran ra	מ משמו	ревмв	DD 21	
KE.	PORTING UNCERTAINTY IN INCOME TAXES. FOR THE	HE IEAR ED	ע עפעו	ECEMB	EK 31,	
20/	9, GLOBAL INTEGRITY HAS DOCUMENTED ITS CO	MCTDED AMTC	NI OF	じょくひ	1CC 74	0 10
200	79, GLOBAL INTEGRITI HAS DOCUMENTED ITS COL	NSIDERALIC	N OF	FASD	ASC 74	0-10
ז ז א ת	DETERMINED THAT NO MATERIAL UNCERTAIN TAX	V DOCTUTON	מוות פו	T.TEV	FOD ET	TUTO
WIN	DETERMINED THAT NO PATERIAL UNCERTAIN TA	V LOSTITON	ID YOR	7177	TOK EI	THER
DE/	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	ТАТЕМЕМТС				
1/11/	CONTITION ON DISCUSSION IN THE LIMITED D.					

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

GLOBA	L INTEGRIT	Y	·		26-012653	7
Part I	General Info	rmation on A	ctivities Out	tside the United States. Comp	lete if the organization answered "	res"
	to Form 990, Par					
				ds to substantiate the amount of the g		<u> </u>
grai	ntees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2 For	grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	tes.
3 Act	vities per Region (U	se Schedule F-1	(Form 990) if ad	Iditional space is needed)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees or	(by type) (i e , fundraising,	is a program service,	expenditures
		in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
			region	recipients located in the region)		
					RESEARCH AND DATA GATHERING ON	
				GRANTS TO RECIPIENTS	SUB-NATIONAL GOVERNANCE	
SOUTH A	MERICA	0	İ	LOCATED IN THE REGION.	MECHANISMS.	101,140.
						
-			•			
					-	
	·····		-			
Totals_		o	0			101,140.

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

Schedule F (Form 990) 2009

26-0126537

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any GLOBAL INTEGRITY

Schedule F (Form 990) 2009

(i) Method of valuation (book, FMV appraisal, other)						
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	0.	0.	0.			kempt by
(f) Manner of cash disbursement	41,666.WIRE TRANSFER	666. WIRE TRANSFER	29,808.WIRE TRANSFER			recognized as tax-ex
(e) Amount of cash grant	41,666.	29,666.	29,808.			foreign country.
(d) Purpose of grant	FIELD WORK AND DATA GATHERING	FIELD WORK AND DATA GATHERING	FIELD WORK AND DATA GATHERING			Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA			is listed above that are
(b) IRS code section and EIN (if applicable)						recipient organization
1 (a) Name of organization						2 Enter total number of r

Schedule F (Form 990) 2009

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

က

24

26-0126537	
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OBA	

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2009

Use Schedule F-1 (Form 990) if additional space is needed

1	1 1		ı		l	1	1	
(h) Method of valuation (book, FMV, appraisal, other)								
(g) Description of non-cash assistance								
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement								
(d) Amount of cash grant		3						
(c) Number of recipients	-							-
(b) Region								
(a) Type of grant or assistance								

Schedule F (Form 990) 2009

SCHEDULE O

(Form 990) ,

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
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:
REPORTING AND QUANTITATIVE ANALYSIS IN THE GLOBAL PUBLIC INTEREST
REGARDING ACCOUNTABLE AND DEMOCRATIC GOVERNANCE. GLOBAL INTEGRITY IS
MEANT TO SERVE SIMULTANEOUSLY AS A ROADMAP FOR ENGAGED CITIZENS, A
REFORM CHECKLIST FOR POLICYMAKERS, AND A GUIDE TO THE BUSINESS CLIMATE
FOR INVESTORS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LIBERIA SUB-NATIONAL
EXPENSES \$ 2100. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
USER'S GUIDE FOR MEASURING CORRUPTION: A PUBLICATION JOINTLY PUBLISHED
BY GLOBAL INTEGRITY AND THE UNITED NATIONS DEVELOPMENT PROGRAM TO
PROVIDE BEST PRACTICES FOR MEASURING CORRUPTION.
EXPENSES \$ 14985. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
MEXICO SUB-NATIONAL: PLANNING PHASE FOR AN EVENTUAL PROJECT FOCUSED ON
ASSESSING THE CITY-STATE RELATIONSHIP IN MEXICO AS IT IMPACTS
IMPLEMENTATION OF THE COUNTRY'S STATE-LEVEL FREEDOM OF INFORMATION
LAWS.
EXPENSES \$ 8649. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
GLOBAL INTEGRITY ACCESS
EXPENSES \$ 55287. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GUATEMALA TECHNICAL SUPPORT

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

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

GLOBAL INTEGRITY

Employer identification number 26-0126537

EXPENSES \$ 47492. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PRE TRIAL DETENTION

EXPENSES \$ 31039. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A FINAL COPY OF THE 990 WAS SENT TO THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS MONITORED REGULARLY. UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT THE ORGANIZATION, THE BOARD OR A COMMITTEE IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN INTEREST, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER INTEREST TO THE BOARD.

AFTER DISCLOSURE OF THE INTEREST, THE INTERESTED PERSON MAY NOT PARTICIPATE
IN CONSIDERATION OF THE PROPOSED TRANSACTION OR ARRANGEMENT, VOTE ON SUCH
TRANSACTION OR ARRANGEMENT, AND NOT BE PRESENT FOR THE CONSIDERATION OF OR
VOTE ON SUCH TRANSACTION UNLESS THE BOARD REQUESTS INFORMATION OR
INTERPRETATION FROM THE INTERESTED PERSON. THE BOARD DETERMINES WHETHER THE
TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTERESTS AND IS
FAIR AND REASONABLE TO THE ORGANIZATION AND DECIDES WHETHER TO ENTER INTO
THE TRANSACTION OR ARRANGEMENT IN ACCORDANCE WITH SUCH DETERMINATION. SUCH
DETERMINATION IS MADE BY A VOTE SUFFICIENT FOR SUCH PURPOSE WITHOUT

COUNTING THE VOTE OF ANY INTERESTED PERSON.

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990) .

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

GLOBAL INTEGRITY

Employer identification number 26-0126537

FORM 990, PART VI, SECTION C, LINE 19: ONLY THE AUDITED FINANCIALS AND THE
990 ARE POSTED ON THE ORGANIZATION'S WEBSITE. BUT ALL GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, 990 AND THE FINANCIAL STATEMENTS ARE AVAILBALE
UPON REQUEST.
AUDIT COMMITTEE: THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE
FINANCIAL REPORTING PROCESS OF THE GLOBAL INTEGRITY FOR BOTH ANNUAL AND
QUARTERLY FINANCIAL STATEMENTS. THE AUDIT COMMITTEE REVIEWS THESE
FINANCIAL STATEMENTS WITH MANAGEMENT AND THE EXTERNAL AUDITORS. IN
ADDITION, THE AUDIT COMMITTEE OVERSEES AND MONITORS CHOICE OF
ACCOUNTING POLICIES AND PRINCIPLES. ALSO, THE AUDIT COMMITTEE MONITORS
THE INTERNAL CONTROL PROCESS. THE COMMITTEE'S ROLE IS TO ENSURE THAT
MANAGEMENT HAS DEVELOPED AND FOLLOWED AND ADEQUATE SYSTEM OF INTERNAL
CONTROL.

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