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** PUBLIC DISCLOSURE COPY *:

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

■ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

and ending A For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization Address change GLOBAL INTEGRITY Name change 26-0126537 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 500 202-449-4100 1110 VERMONT AVENUE NW 2.707 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-tion Yes X No F Name and address of principal officer ALAN HUDSON for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) ____ 501(c) () ◀ (insert no) Website: ► WWW.GLOBALINTEGRITY.ORG **H(c)** Group exemption number ▶ Form of organization X Corporation Trust Association Year of formation 2005 M State of legal domicile. DC Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 SCANNED NOV 2 5 2015
Revenue Revenue Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25% of its net assets 11 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) $\overline{17}$ 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 759,704 2,272,621. Contributions and grants (Part VIII, line 1h) 28,000. 397,177 Program service revenue (Part VIII, line 2g) 535 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 406,724. 188,673 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 346,089 2,707,345. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 467,415. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,080,370 ,170,457. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0. 16a Professional fundraising fees (Part IX, column (A) line 11e) 0 109,132 b Total fundraising expenses (Part IX, column (D), line 25) ,402,738. ,234,674 17 Other expenses (Part IX, column (A), lines 11a-11d, #-1f-246 18 Total expenses Add lines 13-17 (must equal Part IX) column (A); line 25 2,315,044 3,040,610. -333,265. -968<u>,955</u>. 19 Revenue less expenses Subtract line 18 from line 1 OCT 0 6 2015 **Beginning of Current Year** End of Year 3,879,500. 3,847,672 Total assets (Part X, line 16) 210,082 645,175. Total liabilities (Part X, line 26) OGDEN, UT Net assets or fund balances Subtract line 21 from line 20 637,590 234,325 irt II | Signature Block er penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 6/1/0 Mn Date Signature of officer ALAN HUDSON, EXECUTIVE DIRECTOR Type or print name and title Check P01329488 **a**rer's signatu**y** Print/Type preparer's name 9/29 tmu 1501an a self-employed Paid ▶ GELMAN, ROSENBERG & FREEDMAN 52-1392008 Firm's EIN Preparer Firm's nàme Firm's address 4550 MONTGOMERY AVE SUITE 650N Use Only Phone no. (301) 951-9090BETHESDA, MD 20814-2930

Form **990** (2014)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2014) GLOBAL INTEGRITY 26-0126537 Page	<u>2</u>
Pai	·	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	Briefly describe the organization's mission	
	GLOBAL INTEGRITY GENERATES, SYNTHESIZES, AND DISSEMINATES CREDIBLE,	
	COMPREHENSIVE AND TIMELY INFORMATION ON GOVERNANCE AND CORRUPTION	
	TRENDS AROUND THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? X Yes N	0
	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? XYes N	0
	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 \$ 580,778 · including grants of \$) (Revenue \$	_)
	AFRICA INTEGRITY INDICATORS - THE AFRICA INTEGRITY INDICATORS PROJECT	_
	IS A FIVE-YEAR COLLABORATION WITH THE MO IBRAHIM FOUNDATION TO	
	STRENGTHEN THE IBRAHIM INDEX ON AFRICA GOVERNANCE THROUGH IMPROVED	
	ON-THE-GROUND DATA AND RESEARCH. GLOBAL INTEGRITY RECRUITS AND MANAGES	_
	TEAMS OF IN-COUNTRY JOURNALISTS AND RESEARCHERS IN ALL 54 AFRICAN	_
	COUNTRIES. THOSE TEAMS ARE TASKED WITH GENERATING HIGH-QUALITY	
	QUANTITATIVE DATA AND QUALITATIVE REPORTING AROUND A RANGE OF	_
	GOVERNANCE ISSUES; THE RESULTS THEN FEED INTO THE ANNUAL IBRAHIM INDEX.	
		_
		_
		_
		_
4b	(Code) (Expenses \$ 567,019 · including grants of \$) (Revenue \$)	.)
	INDABA - INDABA IS A SOFTWARE TOOL THAT ENABLES RESEARCH TEAMS TO	- ′
	DESIGN, GATHER, REVIEW, AGGREGATE, PUBLISH AND EXPORT EMPIRICAL SOCIAL	_
	SCIENCE DATA.	_
	DOLLATOR BILLIA	_
		_
		_
		_
		_
4c	(Code) (Expenses \$	<u> </u>
40	POLITICAL FINANCE TRANSPARENCY - AN 18-MONTH EFFORT BETWEEN GLOBAL	- '
	INTEGRITY, THE SUNLIGHT FOUNDATION, AND THE ELECTORAL INTEGRITY PROJECT	<u> </u>
	TO PROMOTE TRANSPARENT, ACCOUNTABLE POLITICAL FINANCE SYSTEMS. GLOBAL	<u> </u>
	INTEGRITY HAS UNDERTAKEN AN ASSESSMENT IN 54 COUNTRIES BY DEPLOYING ITS	-
	EXPERT ASSESSMENT METHODOLOGY TO GATHER DATA ON 50 KEY INDICATORS	<u>'</u>
		—
	DIRECT AND INDIRECT PUBLIC FUNDING, AND EXPENDITURE AND CONTRIBUTION	—
	CAPS. A TEAM OF IN-COUNTRY EXPERTS CONDUCTED THE FIELDWORK, WHICH WAS	—
	THEN SUBJECTED TO RIGOROUS QUALITY CONTROL PROCESSES AND PEER REVIEW.	
	ONCE FINALIZED, THE COLLECTED DATA WILL BE AVAILABLE ONLINE AND WILL	_
	PROVIDE THE WORLD'S MOST UP TO DATE AND COMPREHENSIVE INFORMATION ON	_
	THE REGULATION OF POLITICAL FINANCE.	_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 460,880 · including grants of \$ 64,600 ·) (Revenue \$)	_
4e	Total program service expenses ► 2,181,179.	
	Form 990 (201	14)

432002 11-07-14

Form 990 (2014) 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)?			
	If "Yes," complete Schedule A	1_	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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			
	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? If "Yes," complete			
	Schedule D, Part III	8		X
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?			7,7
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
а	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	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	, ,,,,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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	11c		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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	х	
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	Х	
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990 (2014)
		1 01111		141 ںے

Form 990 (2014) GLOBAL INTEGRITY
Part IV Checklist of Required Schedules (continued)

			res	NO
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 19 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	l		l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	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	ł		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K If "No", go to line 25a	24a		
b	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	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		- 21
D	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	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,"			
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	İ		
	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)	İ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7,7
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		'	v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		<u>x</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	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?			
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014)

	990 (2014) GLOBAL INTEGRITY 26-0126	<u> </u>	P	age ວ
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			Ì
С		10	x	
_	(gambling) winnings to prize winners?	1c		-
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 17		[
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O.L.	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, 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 authority over, a		,,,	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► <u>SOUTH AFRICA</u>			ĺ
	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?	<u>5a</u>		X
b		_5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
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).			
а	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		X
b	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 required			
	to file Form 8282?	7c_	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	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 N/A			
	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? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
b	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		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year N/A 12b		Ī.,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ıtd	Did the organization receive any payments for indeed taining services during the tax year.		⊢—	

Form **990** (2014)

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI						Α				
Sec	tion A. Governing Body and Management										
		1	1 .	. a F		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11		ĺ					
	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	<u> </u>	9		}					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with	any other		_	ł	3.7				
	officer, director, trustee, or key employee?			-	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision				37				
	of officers, directors, or trustees, or key employees to a management company or other person?	000	() 10	-	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed /	-	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets		-	5		X				
6	Did the organization have members or stockholders?	annaint	one or		6		_X_				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoin	one or		70		Х				
L	more members of the governing body? As any appropriate of the organization recorded to (or subject to appropriately) members.	etockh	aldere er	-	7a		Α_				
D	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
8		real by ti	ie ioliowing		8a	$_{\rm X}$					
a	The governing body?				8b	X					
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	achad	at the	-	OD	Λ					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at trie		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code)		<u> </u>						
000	tion B. I didded This decitor b requests information about policies not required by are internal	i icvonu				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	s, affiliates,				•				
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	,		10b	1					
11a	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to cor	ıflıcts?		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If										
	ın Schedule O how this was done			_	12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	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 appro	val by 1	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17									
а	The organization's CEO, Executive Director, or top management official				15a	_X					
b	Other officers or key employees of the organization			Ŀ	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					i					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a								
	taxable entity during the year?			F	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıc	n's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure					_					
17	List the states with which a copy of this Form 990 is required to be filed NONE	-	504()(0)								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	FI (Sec	tion 501(c)(3)s on	iy) av	allabi	e					
	for public inspection Indicate how you made these available Check all that apply	_									
	X Own website Another's website X Upon request Other (expla										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy,	and f	inand	cial					
	statements available to the public during the tax year	•									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	na records 🟲								
	ALAN HUDSON - 202-449-4100	ΛE									
	1110 VERMONT AVENUE NW # 500, WASHINGTON, DC 200	U S			Corm	990	2014				

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

X

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)					C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c	ss pe	more rson	than s bot or/trus	h an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W 2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NATHANIEL S. HELLER	40.00							154 600	0	21 007
EXECUTIVE DIRECTOR/SECRETARY	05.00	X		X		-		174,600.	0.	31,027
(2) MARIANNE CAMERER	25.00			,,				15 202	0	200
DIRECTOR/PRESIDENT (SEE SCH. O)	2.00	X		X				15,283.	0.	200
(3) MARK DAVIES	2.00	X		х				0.	0.	0 .
DIRECTOR/VICE-CHAIR	2.00	Α.		Δ.					0.	<u> </u>
(4) DALE MURPHY	4.00	х		х				0.	0.	0.
DIRECTOR/TREASURER (5) MATT ANDREWS	2.00	^		77						0.
DIRECTOR	2.00	Х						0.	0.	0.
(6) DAVID COHEN	2.00							- 00		
DIRECTOR	= 100	х						0.	0.	0 .
(7) STACY DONOHUE DIRECTOR	2.00	x						0.	0.	0.
(8) ANDREW HOPPIN	2.00	X						0.	0.	0
DIRECTOR (9) RAINA KUMRA	2.00	X						0.	0.	0
DIRECTOR (10) ERIC GUNDERSEN	2.00	X						0.	0.	0
DIRECTOR (11) JEREMY WEINSTEIN	2.00									
DIRECTOR		Х						0.	0.	0 .
· · · · · · · · · · · · · · · · · · ·		-								
										•
-										

Form 990 (2014)

ı uı	(A)	(B)	pioy	ees,		<u>а ні</u> С)	gne	StC	(D)	(E)			(F)	
	Name and title	Average		not c	heck		than		Reportable	Reportable			tımat	
		hours per week					r/trus		compensation from	compensation from related	n		nount other	
		(list any	rector						the	organizations			pensa	
		hours for related	ee or di	stee			nsated		organization (W 2/1099-MISC)	(W-2/1099-MIS	(C)		om th anıza	
		organizations	ıl trust	nal tru		oyee	ompe		`			an	d rela	ted
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızat	ions
-		· · · · · · ·	=	=	0	<u>×</u>	Ι	<u> </u>						
			_				<u> </u>							
														
											+			
						<u> </u>								
	•													
						_		_						
1b	Sub-total Sub-total	·				<u> </u>	<u>. </u>		189,883.		0.	3	1,2	27.
С	Total from continuation sheets to Part V	II, Section A							0.		0.		1 0	0.
d	Total (add lines 1b and 1c) Total number of individuals (including but r	at limited to th		linto		hav		<u>▶</u>	189,883.	000 of reportable	0.		1,2	27.
2	compensation from the organization	iot imilied to ti	1056	IISTE	u a	DOVE	e) wi	10 1	eceived more than \$100	,000 Of Teportable	5			1
		-											Yes	No
3	Did the organization list any former officer,		uste	e, ke	y er	nplo	yee	, or	highest compensated ei	mployee on	}			3,7
	line 1a? If "Yes," complete Schedule J for s		ام ما		2000	stion		4 ^+	hor componention from	the erganization	H	3		X
4	For any individual listed on line 1a, is the st and related organizations greater than \$15	-								ine organization	İ	4	х	
5	Did any person listed on line 1a receive or									dual for services				
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son					5		X
	tion B. Independent Contractors Complete this table for your five highest co	mnoneated in	done	nde	nt c	ontr	racto	ore t	that received more than	\$100 000 of com	nensa	tion f	rom	
1	the organization Report compensation for													
	(A)								(B)		0-	(C		
	Name and business		\T T		(CI	TE 7	λ λ Τ	\dashv	Description of s	ervices		mpe	nsatio)II
	ENCONCEPT SYSTEMS, INC LLAGE DRIVE, MCLEAN, V		זיינע	יו כ	101	161	HIN		SOFTWARE DEV	ELOPMENT		10	9,5	18.
								\dashv						
								\neg			_			
								_						
2	Total number of independent contractors (ncluding but n	ot lii	mite	d to	tho	se lis	ı stec	above) who received m	ore than				
	\$100,000 of compensation from the organi						1						200	
											F	orm !	44D /	2014)

432008 11-07-14

16599__1

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,272,621 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ **▶** 2.272.621 h Total. Add lines 1a-1f **Business Code** 900099 28,000. 28,000 Program Service Revenue 2 a INDABA PROGRAM f All other program service revenue 28,000 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax exempt bond proceeds 8,948. 8,948. 5 Royalties (ı) Real (II) Personal 392,616. 6 a Gross rents **b** Less rental expenses ,616. c Rental income or (loss) 392,616. 392,616. d Net rental income or (loss) 7 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) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 5,160. 5,160 11 a MISCELLANEOUS REVENUE 900099 d All other revenue 5,160. e Total. Add lines 11a-11d 28,000 406,724. 707,345 Total revenue See instructions

11-07-14

Form 990 (2014) GLOBAL INTEGRITY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				X
	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 domestic organizations and domestic governments. See Part IV, line 21	269,875.	269,875.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
2	Grants and other assistance to foreign			.,	
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	197,540.	197,540.		
4	Benefits paid to or for members	177,340.	197,340.		
5	Compensation of current officers, directors,	-			
3	trustees, and key employees	221,111.	91,777.	76,365.	52,969
6	Compensation not included above, to disqualified	221,111.	31,111	70,303.	32,303
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	760,459.	546,254.	202,802.	11,403
8	Pension plan accruals and contributions (include	70071331	310,2311	20270021	22,100
Ŭ	section 401(k) and 403(b) employer contributions)	13,018.	8,559.	4,411.	48
9	Other employee benefits	106,105.	70,510.	34,280.	1,315
10	Payroll taxes	69,764.	44,498.	22,138.	3,128
11	Fees for services (non-employees)	0577021	22/2000		
	Management				
b	·	24,527.	4,362.	20,165.	
c	Accounting	67,025.	36,208.	25,246.	5,571
d	Lobbying	<u> </u>	337=333		
e	Durk 4 0 David 1/ 1 47				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	418,017.	369,580.	46,661.	1,776
12	Advertising and promotion	6,568.	5,309.	1,259.	•
13	Office expenses	44,282.	14,051.	29,695.	536
14	Information technology		<u>-</u>		
15	Royalties				
16	Occupancy	350,683.	235,739.	99,252.	15,692
17	Travel	95,587.	44,129.	40,540.	10,918
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,409.			2,409
20	Interest	3,798.	1,305.	2,424.	_69
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,497.	26,195.	119.	1,183
23	Insurance	17,110.	9,860.	6,858.	392
24	Other expenses Itemize expenses not covered 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 0.)				
а	DATABASE/TELECOMM.	280,533.	196,647.	83,181.	705
b	UTILITIES & FACILITIES	31,439.		31,439.	
c	EQUIPMENT & FURNITURE	20,241.	6,405.	12,897.	939
d	CREDIT CARD FEES	6,150.		6,150.	
	All other expenses	6,872.	2,376.	4,417.	79
25	Total functional expenses Add lines 1 through 24e_	3,040,610.	2,181,179.	750,299.	109,132
26	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)		1		

LFa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	439,332.	1	533,383.
	2	Savings and temporary cash investments	200/002	2	<u> </u>
	3	Pledges and grants receivable, net	3,149,688.	3	3,052,377.
	4	Accounts receivable, net	12,626.	4	14,297.
	5	Loans and other receivables from current and former officers, directors,	12,020.	_	11,25,0
	,	trustees, key employees, and highest compensated employees Complete		1	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
10		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	95,190.	7	0.
Ass	7	Inventories for sale or use		8	
	8	Prepaid expenses and deferred charges	32,710.	9	69,068.
	9	Land, buildings, and equipment cost or other	32,710.	9	03,000.
	iva				
				10c	139,375.
	1	Less accumulated depreciation 10b 53,646 Investments - publicly traded securities	33,344.	11	133,313.
	11	Investments - other securities See Part IV, line 11		12	
	12			13	
	13	Investments - program-related See Part IV, line 11 Intangible assets		14	
	14 15	Other assets See Part IV, line 11	84,582.	15	71,000.
		Total assets. Add lines 1 through 15 (must equal line 34)	3,847,672.	16	3,879,500.
	16 17	Accounts payable and accrued expenses	195,175.	17	251,060.
	18	Grants payable	133,173.	18	231,000.
	19	Deferred revenue	5,685.	19	43,841.
	20	Tax-exempt bond liabilities	3,003.	20	10/0111
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
10	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	22	key employees, highest compensated employees, and disqualified persons			
il d	}	Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	***
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17:24) Complete Part X of			
		Schedule D	9,222.	25	350,274.
	26	Total liabilities. Add lines 17 through 25	210,082.	26	645,175.
	25	Organizations that follow SFAS 117 (ASC 958), check here X and			
ις.		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	-170,288.	27	50,719.
lar	28	Temporarily restricted net assets	3,807,878.	28	3,183,606.
B	29	Permanently restricted net assets	3700,70,00	29	5/200/0000
nn	23	Organizations that do not follow SFAS 117 (ASC 958), check here			
F		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	3,637,590.	33	3,234,325.
		Total not assets of fund balances	3,847,672.	34	3,879,500.

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

(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.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 26-0126537 GLOBAL INTEGRITY 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 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 section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. J 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. Leading the companization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (IV) Is the organization (I) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 19 other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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 Port Lord the assessment of the content of the

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						i
	membership fees received (Do not						
	ınclude any "unusual grants ")	1.881.542.	4,619,314.	2,695,395.	859,704.	2,272,621.	12,328,576.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf			21.	11.		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,881,542.	4,619,314.	2,695,395.	859,704.	2,272,621.	12,328,576.
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)						8,633,965.
6	Public support. Subtract line 5 from line 4						3 694 611
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,881,542.	4,619,314.	2,695,395.	859,704.	2,272,621.	12,328,576.
8	Gross income from interest,		, ,	, ,			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,300.	9,200.	29,580.	188,673.	401,564.	641,317.
9	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						
	assets (Explain in Part VI)	16,615.	876.	11,942.		5,160.	34,593 <u>.</u>
11	Total support. Add lines 7 through 10						13,004,486.
12	Gross receipts from related activities,	etc (see instruction	ns)		-	12	783,261.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop						▶□
Se	ction C. Computation of Publ	ic Support Per	centage		,		
14	Public support percentage for 2014 (I	rne 6, column (f) div	ided by line 11, c	olumn (f))		14	28.41 %
15	Public support percentage from 2013	Schedule A, Part II	l, line 14			15	28.43 %
16a	33 1/3% support test - 2014. If the o	rganization did not	check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	rted organization				▶∟
ŧ	33 1/3% support test - 2013. If the o	organization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	fies as a publicly su	upported organiza	ition			▶∟
178	10% -facts-and-circumstances test	t · 2014 , if the orga	nization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop h	ere. Explain in Pai	t VI how the organ	
	meets the "facts-and-circumstances"	test The organizati	on qualifies as a p	oublicly supported	dorganization		►X
k	10% -facts-and-circumstances test	t - 2013. If the orga	nization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ie "facts-and-circun	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test T	he organization q	ualifies as a public	cly supported orga	ınızatıon	▶□
18	Private foundation. If the organizatio	n did not check a b	ox on line 13, 16a	i, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >
					Sche	dule A (Form 990	or 990-EZ) 2014

432022 09-17-14

nedule A (Form 990 or 990-EZ) 2014 art III Support Schedule for O	rganizations	Described in S	Section 509(a)	(2)	· · · · · · · · · · · · · · · · · · ·	Page 3
(Complete only if you checked	•		, ,	• •	ırt II If the organiza	ition fails to
qualify under the tests listed be	elow, please comp	lete Part II)				
ction A. Public Support						//
endar year (or fiscal year beginning in) ► 📙	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")		-				
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						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to			ſ			
or expended on its behalf The value of services or facilities furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 5			1			
Amounts included on lines 1, 2, and			/			
3 received from disqualified persons		1				
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		<i>y</i>				
: Add lines 7a and 7b		<i>"</i>				
Public support (Subtract line 7c from line 6)		,				
ction B. Total Support	·				Г <u></u>	
ndar year (or fiscal year beginning in)	(a) 2010 //	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 regularly carried on						
Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI) / L						
assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	ation, .—
Total support (Add lines 9, 10c, 11, and 12)	the organization's	first, second, third				>
Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for theck this box and stop here						
Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public	c Support Per	centage		· · · · · · · · · · · · · · · · · · ·	T _ T	
First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2014 (In	c Support Per	centage vided by line 13, c	olumn (f))		15	
First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2014 (ling Public support percentage from 2013)	c Support Per ne 8, column (f) div Schedule A, Part I	centage vided by line 13, c II, line 15	olumn (f))		15 16	
Total support (Add lines e, 10c, 11, and 12) First five years, If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2014 (line Public support percentage from 2013 section D. Computation of Investories.	c Support Per ne 8, column (f) div Schedule A, Part I tment Income	centage vided by line 13, c II, line 15 e Percentage			16	(
Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2014 (ling Public support percentage from 2013 setion D. Computation of Investing Investment income percentage for 201	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 14 (line 10c, colum	centage vided by line 13, c II, line 15 Percentage in (f) divided by lin			16	C.
First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2014 (In Public Support percentage from 2013) ction D. Computation of Investment income percentage from 2011 Investment income percentage from 2011 investment income percentage from 2011	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 14 (line 10c, colum 013 Schedule A, F	centage vided by line 13, c II, line 15 Percentage In (f) divided by line Part III, line 17	e 13, column (f))	15 is more than 3	16 17 18	7 is not
Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for the form 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 990 is for 9	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 14 (line 10c, colum 013 Schedule A, F organization did no	rcentage vided by line 13, c II, line 15 Percentage In (f) divided by line Part III, line 17 of check the box of	e 13, column (f)) on line 14, and line		17 18 3 1/3%, and line 1	

15 2014.04020 GLOBAL INTEGRITY

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
		<u> </u>	Yes	No
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	1		
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)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	Í		
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	l		
	despite being controlled or supervised by or in connection with its supported organizations	4b	I	
С	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)	Į		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
- Ou	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)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	-5		
D	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	55		
6	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	7		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		{	
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a				
	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9(a)) 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.	9c	 	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	 	
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)	10b		

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2014

За

3b

3 Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
· · · · · · · · · · · · · · · · · · ·		((optional)
1 Net short-term capital gain			
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		
Section B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
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		d Type III supporting org	ianization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Pa	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	าร		
4	Amour				
5	Qualifi	ed set-aside amounts (prior IRS approval required)	·		
6	Other	distributions (describe in Part VI) See instructions			
7	Total a	annual distributions. Add lines 1 through 6			
8	Distrib	e			
	(provid				
9	Distrib	utable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(1)	(II)	(ıii)
	_		Excess Distributions	Underdistributions	Distributable
sect	ion E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	utable amount for 2014 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2014			
	(reaso	nable cause required-see instructions)			
3		s distributions carryover, if any, to 2014			
а					
b					
С					
d					
е	From 2	2013			
f	Total o	of lines 3a through e			
g	Applied	d to underdistributions of prior years			
		d to 2014 distributable amount			
i	Carryo	ver from 2009 not applied (see instructions)			
i	Remail	nder Subtract lines 3g, 3h, and 3i from 3f			
4	Distribi	utions for 2014 from Section D,			
	line 7	\$			
а	Applied	d to underdistributions of prior years			
		d to 2014 distributable amount			
		nder Subtract lines 4a and 4b from 4			
5	Remair	ning underdistributions for years prior to 2014, if			
	any Si	ubtract lines 3g and 4a from line 2 (if amount			
	greater	than zero, see instructions)			
6	Remair	ning underdistributions for 2014 Subtract lines 3h			
	and 4b	from line 1 (if amount greater than zero, see			
	ınstruc	tions)			
7	Exces	s distributions carryover to 2015. Add lines 3j			
	and 4c	-			
8	Breakd	lown of line 7			
а					
b					
С					
	Excess	from 2013			
		from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 GLOBAL INTEGRITY Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions) PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: GLOBAL INTEGRITY OUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED

- 1. ITS SUPPORT, AS REPORTED FOR 2014, IS 28.41%, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I).
- 2. IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(II). GLOBAL INTEGRITY CONTINUES TO EXPAND FUNDRAISING EFFORTS TO DIVERSIFY ITS FUNDING SOURCES. THE ORGANIZATION CONTINUES TO INCREASE FUNDRAISING CAPACITY.
- 3. GLOBAL INTEGRITY'S PUBLIC SUPPORT, AT 28.41%, IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F) (3)(III).
- 4. IN MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I), GLOBAL INTEGRITY HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. IN THIS RESPECT, GLOBAL INTEGRITY MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(B).
- 5. GLOBAL INTEGRITY THROUGH ITS MAJOR PROGRAMS, INCLUDING THE AFRICA INTEGRITY INDICATORS, INDABA, AND THE POLITICAL FINANCE TRANSPARENCY PROJECT MAKES ITS INFORMATION AND RESEARCH FULLY AVAILABLE TO THE PUBLIC, FREE OF CHARGE. OUR FOCUS IS ON ISSUES OF GOVERNMENT TRANSPARENCY AND Schedule A (Form 990 or 990-EZ) 2014 432028 09-17-14

UPON THE FOLLOWING:

Schedule A (Form 990 or 990 EZ) 2014 GLOBAL INTEGRITY	26-0126	537 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or		
Also complete this part for any additional information (See instructions)		
ACCOUNTABILITY ARE SQUARELY IN THE PUBLIC INTEREST. IN THIS	MANNER,	GLOBAL
INTEGRITY MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(D).		
		
		•
		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

_	GLOBAL INTEGRITY	. =	Ott O''I FI			20-0120537
Pai			r Other Similar Fund	s or A	CCOL	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line					
		(a) Do	onor advised funds	(b) Fun	ds 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 w	riting that th	e assets held in donor advi	sed fun	ds	
	are the organization's property, subject to the organization's e	xclusive leg	al control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in wri	ting that grant funds can be	e used o	only	
	for charitable purposes and not for the benefit of the donor or	donor advis	or, or for any other purpose	confer	rıng	
	ımpermissible private benefit?					Yes No
Pai	t II Conservation Easements. Complete if the orga	anization ans	wered "Yes" to Form 990, I	Part IV,	line 7	
1	Purpose(s) of conservation easements held by the organization	n (check all	that apply)			
	Preservation of land for public use (e.g., recreation or ed	lucation)	Preservation of a his	torically	ımpor	tant land area
	Protection of natural habitat		Preservation of a cer	tified hi	storic	structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conserva	tion contribution in the form	of a co	nserv	ation 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	Number of conservation easements on a certified historic structure	cture include	ed in (a)		2c	
d	Number of conservation easements included in (c) acquired af	fter 8/17/06,	and not on a historic struct	ture		
	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	ased, exting	uished, or terminated by th	e organ	ıızatıor	during the tax
	year >					
4	Number of states where property subject to conservation ease	ement is loca	ated >			
5	Does the organization have a written policy regarding the period	odic monitor	ing, inspection, handling of			
	violations, and enforcement of the conservation easements it h	holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing	g conservation easements of	during ti	he yea	r >
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing con	servation easements during	g the ye	ar 🕨	\$
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation	n easements	s in its revenue and expens	e stater	nent, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financia	I statements that describes	the org	janizat	ion's accounting for
	conservation easements					
Par	t III Organizations Maintaining Collections of	Art, Histo	orical Treasures, or C	ther :	Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV,	ine 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC	2 958), not to	report in its revenue state	ment ar	nd bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, educa	ation, or research in furthera	ance of	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these iter	ns			
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to rep	oort in its revenue statemen	it and b	alance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or re	esearch in furtherance of pu	ıblıc sei	vice, p	provide the following amounts
	relating to these items					
	(i) Revenue included in Form 990, Part VIII, line 1				\blacktriangleright	\$
	(ii) Assets included in Form 990, Part X				•	\$
2	If the organization received or held works of art, historical treas	sures, or oth	er sımılar assets for fınancı	al gaın,	provid	
-	the following amounts required to be reported under SFAS 110			- · ·		
а	Revenue included in Form 990, Part VIII, line 1	, ,	ū		•	\$
	Assets included in Form 990, Part X				•	\$

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 GLOBAL	INTEGRITY						26-01	26537	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contini	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant i	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	€	, []	Other						
С	•									
4	Provide a description of the organization's co							ose in Pan	t XIII	
5										
Date	to be sold to raise funds rather than to be ma			•					<u> Yes_</u>	No_
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	•	ete if the	e organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
		·	diani far	oontribution	o or other or	nacta nat	ınalııdad	<u></u>	· · · · · · · · · · · · · · · · · · ·	
та	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	is or other as	ssets not	included		Yes	□ No
	on Form 990, Part X?	and complete the fe	مسيمال	tabla					_ res	NO
b	If "Yes," explain the arrangement in Part XIII a	and complete the it	niowing	lable					Amount	
_	Beginning balance						1c		Amount	
c d	Additions during the year						1d			
u	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for	escrow or cu	ustodial acco	ount liabil			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			
Pai							0			
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	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	ce (line 1	g, column (a	ı)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are neid a	na administe	erea for ti	ne organiz	ation	Г,	Van Na
	by									Yes No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations	listed as required a	n Schoo	dulo D2					3a(ii) 3b	
	If "Yes" to 3a(II), are the related organizations Describe in Part XIII the intended uses of the								SD ;	
4 Par	t VI Land, Buildings, and Equipm		VANITION	iuiiua						
	Complete if the organization answered) Part IV	/ line 11a S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or c			or other		ccumulate	d	(d) Book	value
	2000priori or property	basis (investi		basis		. ,	oreciation	1	,-, =!\	
	Land	<u> </u>	•			.,				
	Buildings									
c	Leasehold improvements			2	3,285.		18,2	39.	5	,046.
d	Equipment				5,945.		22,6			,262.
e	Other	-			3,791.		22,7			,067.

► 139,375. Schedule D (Form 990) 2014

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Complete if the organization answered "Yes"	to Form 990 Part IV le	ine 11b. See Form 990. P:	art X. line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	<u> </u>			
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of val	uation Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990, Pa	art X, line 15	F
(a)	Description			(b) Book value
(1)	, ··			
(2)	_			
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)			,	
(6)				
(7)				
(8)		<u> </u>		
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		306,531.		
(3) SUBLEASE SECURITY DEPOSIT	1	6,500.		
(4) CAPITAL LEASE PAYABLE		37,243.		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)	350,274.		
· · · · · · · · · · · · · · · · · · ·				

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.

Schedule D (Form 990) 2014

26-0126537 Page 4 Schedule D (Form 990) 2014 GLOBAL INTEGRITY Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 2,707,345. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 707 345. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 707 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 3,040,610. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2de Add lines 2a through 2d 2e 3,040 610. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, GLOBAL INTEGRITY HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

Schedule D (Form 990) 2014 GLOBAL INTEGRITY	26-0126537 Page 5
Schedule D (Form 990) 2014 GLOBAL INTEGRITY Part XIII Supplemental Information (continued)	
, Cappiointenantino, matter (continued)	
	•
	······································

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

<u>GLOBAL INTEGRIT</u>				26-0126	
		ctivities Out	tside the United States. Comple	ete if the organization answered	d "Yes" on
Form 990, Part IV	/, line 14b				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gr		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	X Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance of	outside the
United States			, 3	3	
	ne following Part	I, line 3 table ca	an be duplicated if additional 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, agents, and	(by type) (e g , fundraising, program	is a program service,	expenditures for and
	ın the region	independent	services, investments, grants to	describe specific type	investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
				FIELDING OF GOVERNANCE	1
				DATA ACROSS 54 AFRICAN	
SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICE ACTIVITIES	COUNTRIES	59,684.
CENTRAL AMERICA AND					
	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	1,500.
THE CARIBBEAN	U	U	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	1,300.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	4,100.
EUROPE	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	9,275.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	1,000.
JOKIN MIKION			I NOOMAN DERIVICED METAVITIES	CIAITITON TIMETOD DITTI	1,000.
					ļ
NORTH AMERICA	0	0_	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	500.
RUSSIA AND	:				
NEIGHBORING STATES	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	1,034.
SOUTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	2,500.
3 a Sub-total	1	3			79,593.
b Total from continuation		-			
sheets to Part I	_ 0	0			216 910.
c Totals (add lines 3a					
and 3b)	1	3			296 503.
HA For Panerwork Reducti	on Act Notice	see the Instruc	tions for Form 990	Schedule	E (Form 990) 2014

26-0126537 Page 1

Schedule F (Form 990)	GLOBAL I	NTEGRITY		26-01	26537 Page 1
		r'	n. (Schedule F (Form 990), Part I, line		
(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	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	1,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	CAMPAIGN FINANCE DATA	3,000.
EAST ASIA AND THE	0	0	PROGRAM SERVICE ACTIVITIES	FIELDING OF GOVERNANCE	15,370.
EAST ASIA AND THE	0		GRANTS TO RECIPIENTS IN THE		197,540.
PACIFIC		U	REGION		191, 340.
Totals	-				216,910.

Page 2

GLOBAL INTEGRITY

Schedule F (Form 990) 2014

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

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant 197,540 (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter EAST ASIA AND THE FINANCE TRANSPARENCY TO SUPPORT THE WORK (d) Purpose of OF THE POLITICAL grant PROJECT (c) Region Enter total number of other organizations or entitles PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2014

26-0126537	
	•
YI IY	:
GLOBAL INTEGRITY	
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LOBA	•
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990) 2014	
- (Form	•
Schedule F	:

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

						4
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h)			-			ule F (F
(g) Description of non-cash assistance					-	Schec
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region						

Schedule F (Form 990) 2014

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

Employer Identification number

Information about Schedule I (Form 990) and its instructions is at www.irs gov/form990

å 26-0126537 TO SUPPORT THE WORK OF TO SUPPORT THE WORK OF THE POLITICAL FINANCE (h) Purpose of grant TRANSPARENCY PROJECT THE STATE INTEGRITY or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any INVESTIGATION 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 64,600, 205,275 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 54-1512177 20-3903427 General Information on Grants and Assistance GLOBAL INTEGRITY (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 910 17TH STREET NW, SUITE 700 1818 N STREET NW, SUITE 300 CENTER FOR PUBLIC INTEGRITY or government WASHINGTON DC 20006 WASHINGTON, DC 20036 SUNLIGHT FOUNDATION Part Part II

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

Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 26-0126537 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, inle 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed GLOBAL INTEGRITY REQUIRES INTERIM AND/OR FINAL NARRATIVE AND FINANCIAL (d) Amount of non-cash assistance 38 (c) Amount of cash grant (b) Number of recipients GLOBAL INTEGRITY (a) Type of grant or assistance REPORTS FOR ALL GRANTS. LINE 2: Schedule I (Form 990) (2014) 432102 10-15-14 PART I Part III

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www irs gov/form990

GLOBAL INTEGRITY

Employer identification number

26-0126537

Pa	art I Questions Regarding Compensation			
L			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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			1
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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 in 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			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	İ		
	X Form 990 of other organizations X Approval by the board or compensation committee		į	1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_	ļ	X
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		}	
а	The organization?	5a_		X
b	Any related organization?	5b	<u></u>	X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ļ
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Demilations section F2 4059 G/oV2	I۵	I	I

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Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2014

For each individual whose compensation must be reported in 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 are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(D)·(I)(B)	in column (B) reported as deferred in prior Form 990
(1) NATHANIEL S. HELLER	Ξ	174,600.	0	0.	7,063.	23,964.	205,627.	0
TUTIVE DIRECTOR	<u> </u>	0	0	0		0	0	0
	Ξ							
	Ξ							
	Ξ							
	Ξ							
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432112 10-13-14

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Inspection

26-0126537 GLOBAL INTEGRITY 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 POLICY MAKERS, AND A GUIDE TO THE BUSINESS CLIMATE FOR INVESTORS. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE ORGANIZATION CEASED CONDUCTING THE WEB INDEX, FOGLAMP, AND INNOVATION FUND PROGRAMS DURING THE YEAR. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE ORGANIZATION STARTED THE GOVERNANCE DATA ALLIANCE, UNDP USER'S GUIDE, HEWLETT VIDEOCONFERENCING, FOLLOW THE MONEY-MEXICO, AND OPENING GOVERNMENT T/AI PROGRAMS DURING THE YEAR. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OPEN GOVERNMENT PARTNERSHIP REVENUE \$ 0. EXPENSES \$ 165,100. INCLUDING GRANTS OF \$ 0. STATE INTEGRITY INVESTIGATION INCLUDING GRANTS OF \$ 64,600. REVENUE \$ 0. EXPENSES \$ 121,298. GLOBAL INTEGRITY REPORT EXPENSES \$ 94,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	Employer identification number
GLOBAL INTEGRITY	26-0126537
GOVERNANCE DATA ALLIANCE	
EXPENSES \$ 42,598. INCLUDING GRANTS OF \$ 0. REVENUE \$	0
UNDP USER'S GUIDE	
EXPENSES \$ 24,538. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
HEWLETT VIDEOCONFERENCING	
EXPENSES \$ 8,545. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FOLLOW THE MONEY-MEXICO	
EXPENSES \$ 2,655. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
OPENING GOVERNMENT T/AI	
EXPENSES \$ 2,020. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIE	WED BY SENIOR
MANAGEMENT. A COPY OF THE FINAL 990 WAS SENT TO THE ENTIR	E BOARD PRIOR TO
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS MONITORED REGULARLY. U	
KNOWLEDGE BY AN INTERESTED PERSON THAT THE ORGANIZATION,	
COMMITTEE IS CONSIDERING OR HAS CONSIDERED A TRANSACTION	
WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PE	
INTEREST, THE INTERESTED PERSON DISCLOSES THE EXISTENCE A	ND NATURE OF HIS
OR HER INTEREST TO THE BOARD.	

GLOBAL INTEGRITY

Employer identification number 26-0126537

AFTER DISCLOSURE OF THE INTEREST, THE INTERESTED PERSON DOES NOT

PARTICIPATE IN CONSIDERATION OF THE PROPOSED TRANSACTION OR ARRANGEMENT,

VOTE ON SUCH TRANSACTION OR ARRANGEMENT, AND IS 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; 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. THIS

POLICY ALSO APPLIES TO ALL STAFF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMPENSATION COMMITTEE OF THE BOARD WAS ESTABLISHED IN OCTOBER, 2011 TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EXECUTIVE DIRECTOR PROVIDED THAT COMMITTEE WITH AN ANALYSIS OF THE COMPENSATION FOR SIMILAR POSITIONS AND SIMILAR INDIVIDUALS IN THE WASHINGTON, DC AREA. THE COMMITTEE THEN MET PRIVATELY (WITHOUT THE EXECUTIVE DIRECTOR PRESENT) DURING ONE OF THE ORGANIZATION'S BOARD MEETINGS TO SET THE EXECUTIVE DIRECTOR'S COMPENSATION. THE DELIBERATION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN THE BOARD MEETING MINUTES. THE LAST REVIEW PROCESS TOOK PLACE IN OCTOBER 2013.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS ITS AUDITED FINANCIALS ON ITS WEBSITE. OTHER

INTERNAL GOVERNANCE MATERIALS, INCLUDING THE CONFLICT OF INTEREST POLICY,

DOCUMENTATION RETENTION POLICY, AND WHISTLEBLOWER POLICY, ARE AVAILABLE ON

REQUEST.

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Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
GLOBAL INTEGRITY	26-0126537
FORM 990, PART VII:	
MARIANNE CAMERER RECEIVED COMPENSATION FOR CONSULTING SE	RVICES PROVIDED
TO THE ORGANIZATION UNRELATED TO HER BOARD DUTIES. THIS	COMPENSATION IS
DISCLOSED ON PART VII OF THE FORM 990.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
	····
CONSULTING:	
PROGRAM SERVICE EXPENSES	130,415.
MANAGEMENT AND GENERAL EXPENSES	46,661.
FUNDRAISING EXPENSES	1,776.
TOTAL EXPENSES	178,852.
PROFESSIONAL EDITING:	
PROGRAM SERVICE EXPENSES	998.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	998.
INTERNATIONAL RESEARCHERS:	
PROGRAM SERVICE EXPENSES	168,360.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	168,360.
LOCAL GI RESEARCHERS:	
PROGRAM SERVICE EXPENSES	69,807.
MANAGEMENT AND GENERAL EXPENSES	0.
432212 08-27-14 Sch	edule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization GLOBAL INTEGRITY	Employer identification number 26-0126537
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,807.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	418,017.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RETURN OF FUNDS	-70,000.
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