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Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change GLOBAL INTEGRITY Name change 26-0126537 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 449-4100 1110 VERMONT AVENUE, NW 500 (202)termin-ated 2,076,906. 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-F Name and address of principal officer: ALAN HUDSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GLOBALINTEGRITY.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2005 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT PROGRESS TOWARD OPEN Activities & Governance AND ACCOUNTABLE GOVERNANCE AROUND THE WORLD. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 747,767. 991,354. Contributions and grants (Part VIII, line 1h) Revenue 566,185. 1,085,647. Program service revenue (Part VIII, line 2g) 92. 75. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,636. -170. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,076,906. 1,325,680. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 140,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,090,951. 831,802. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 18,042. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,346,342. 1,591,616. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,595,535. 2,423,418. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,269,855. -346,512. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,427,873. 3,056,828. 20 Total assets (Part X, line 16) 463,403. 1,801,187. 21 Total liabilities (Part X, line 26) 1,255,641.964,470. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALAN HUDSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 08/02/17 FRANK H. SMITH P00639053 Paid 52-1511275 Firm's name RAFFA, Preparer P.C. Firm's EIN ▶

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

WASHINGTON, DC 20036

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

Firm's address 1899 L STREET,

Use Only

Form **990** (2016)

X Yes No

Phone no. (202) 822-5000

NW, SUITE 850

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GLOBAL INTEGRITY CHAMPIONS AN OPEN, ACCOUNTABLE, AND EFFECTIVE
	GOVERNANCE AROUND THE WORLD, TAKING ACTION TO INFORM, CONNECT, AND
	EMPOWER CIVIC, PRIVATE AND PUBLIC REFORMERS SEEKING MORE OPEN
	SOCIETIES THROUGH INNOVATIVE RESEARCH AND DIRECT SUPPORT. GLOBAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	OPENGOV HUB - WE CONTINUE TO OPERATE THE OPENGOV HUB (WHICH WE
	CO-FOUNDED IN 2012 WITH DEVELOPMENT GATEWAY (DG), AND WHICH WE
	CURRENTLY OPERATE AS THE MANAGING PARTY UNDER THE TERMS OF OUR ONGOING
	COLLABORATIVE AGREEMENT WITH DG), THE DC-BASED COWORKING COMMUNITY OF
	40 MEMBER ORGANIZATIONS PROMOTING TRANSPARENCY, ACCOUNTABILITY, AND
	CIVIC PARTICIPATION AROUND THE WORLD. WE OPERATE THE OPENGOV HUB WITH A
	TWO-FOLD MISSION: 1) TO PROVIDE A PHYSICAL HOME TO OPEN GOVERNMENT
	FOCUSED ORGANIZATIONS, SHARING RESOURCES TO INCREASE THEIR EFFICIENCY;
	AND 2) TO BE THE CENTER FOR COLLABORATION, LEARNING, AND INNOVATION ON
	OPEN GOVERNMENT ISSUES TO HELP MEMBERS BE MORE EFFECTIVE, MOVING
	TOWARDS GREATER COLLECTIVE IMPACT IN THE OPEN GOVERNMENT SPACE. DURING
	2016, THE OPENGOV HUB TOOK GREAT STRIDES FORWARD IN FINALIZING AND
4b	(Code:) (Expenses \$ 546,934. including grants of \$) (Revenue \$)
	INTEGRITY AND ANTI-CORRUPTION - OUR WORK IN THIS PROGRAM AREA AIMS TO INFORM AND SHAPE POLICY AND PRACTICE AS REGARDS EFFORTS TO PROMOTE OPEN
	AND EFFECTIVE GOVERNANCE AROUND THE WORLD. THIS PROGRAM AREA BUILDS ON
	OUR DEEP EXPERTISE IN ANTI-CORRUPTION AND INTEGRITY SYSTEMS RESEARCH
	AND ADVOCACY, AND AS SUCH FORMS THE FOUNDATION FOR MUCH OF OUR WORK IN
	OUR OTHER PROGRAM AREAS. THE CORE HYPOTHESIS WHICH GUIDES OUR WORK IN
	THIS AREA IS THAT THE PROVISION OF RELEVANT AND ACTIONABLE DATA CAN
	SUPPORT DATA-DRIVEN POLITICALLY-ENGAGED AND CONTEXT-SENSITIVE
	REFLECTION AND LEARNING ON HOW POLICIES ARE PLAYING OUT IN PRACTICE,
	AND ON HOW DIFFERENT ACTORS MIGHT WORK TOGETHER, NAVIGATING AND SHAPING
	THE POLITICAL LANDSCAPE, TO DRIVE PROGRESS TOWARD MORE OPEN AND
	EFFECTIVE GOVERNANCE. FIND MORE INFORMATION ON THIS PROGRAM AREA HERE:
4c	(Code:) (Expenses \$ 167,524 • including grants of \$) (Revenue \$)
	MULTI-STAKEHOLDER GOVERNMENT INITIATIVES - OUR WORK ON THIS THEME AIMS
	TO SUPPORT EFFORTS TO SHARPEN THE IMPACT AND EFFECTIVENESS OF
	MULTI-STAKEHOLDER GOVERNANCE INITIATIVES (MSGIS), PRIMARILY BE
	STRENGTHENING THEIR LEARNING FUNCTIONS AND BY MAKING THE MOST OF THEIR
	INTERCONNECTIONS. THE CORE HYPOTHESIS WHICH GUIDES OUR WORK IN THIS
	AREA, AND WHICH WE ARE EXPLORING, IS THAT MSGIS CAN SHARPEN THEIR
	IMPACT AND EFFECTIVENESS BY PUTTING ADAPTIVE LEARNING INTO PRACTICE,
	ENSURING THAT WHAT THEY DO IS INFORMED BY A CLEAR THEORY OF CHANGE,
	COLLECTING DATA ON THEIR PERFORMANCE, REFLECTING SYSTEMATICALLY ON THE
	EVIDENCE COLLECTED, AND ADAPTING THE APPROACH THEY TAKE. THIS INCLUDES
	OUR FIVE-COUNTRY ASSESSMENT OF HOW THE OPEN GOVERNMENT PARTNERSHIP
	(OGP) IS PLAYING OUT IN PRACTICE, AND OUR PROVISION OF REAL-TIME
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 61,928 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 1,843,214.
	Form 990 (2016)

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Form 990 (2016) 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		X
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 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	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,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X



Form 990 (2016) GLOBAL INTEGRITY Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		- V
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
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		34		х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	_ 30	000	(2242)



Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	;	 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.2			
	filed for the calendar year ending with or within the year covered by this return		13		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				7.7
	-			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					,,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					٦,
	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 are statement than the statement that such contributions are statement to the statement than the statement that such contributions are statement to the statement that statement the statement that stat		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					х
	to file Form 8282?			7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		-+0	7-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution or granization received a contribution of granifed intellectual property, did the organization file.			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	51.11			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			0.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2016

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

					Δ					
Sec	tion A. Governing Body and Management			_						
		1 1	_	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6							
	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 O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form				Х					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
_	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		6_		X					
	more members of the governing body?		7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		· · · ·							
~	persons other than the governing body?		7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		15							
		· ·	8a	Х						
a			۱ ۵۰	+	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		21					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the provide the pages and addresses in School II.				х					
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		21					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		1,,	·					
40	District the second of the sec		40	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?		10a		Α.					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			37						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			177						
12a				X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		l						
	in Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?			X						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
	The organization's CEO, Executive Director, or top management official			X						
b	Other officers or key employees of the organization		15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?		16a		Х					
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 orga	nization'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									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd fina	ncial						
	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 bo	ooks and records:								
	ALAN HUDSON - (202) 449-4100									
	1110 VERMONT AVENUE, NW, NO. 500, WASHINGTON, DC	20005								
	· · · · · · · · · · · · · · · · · · ·									

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

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

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

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

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

Check this box if neither the organization		orga	aniza			mpei	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Positio			than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person i officer and a directo				h an	compensation	compensation	amount of
	week	\vdash	CCI ai		T CCIC	174143		from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	truste	al trus		yee	mper		(** 27 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est co oyee	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ANDREW HOPPIN	1.25									
PRESIDENT		Х		Х				0.	0.	0.
(2) MARK DAVIES	1.25									
PRESIDENT - UNTIL 06/2016		Х		Х				0.	0.	0.
(3) DALE MURPHY	1.25									
TREASURER		Х		Х				0.	0.	0.
(4) RAINA KUMRA	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) STACY DONOHUE	1.00	ļ								
SECRETARY - UNTIL 09/2016	1 00	Х		Х				0.	0.	0.
(6) MATT ANDREWS	1.00	ļ								•
DIRECTOR - UNTIL 06/2016	1 00	Х						0.	0.	0.
(7) ANIA CALDERON	1.00	١							_	•
DIRECTOR	1 00	Х						0.	0.	0.
(8) MARIA GONZALEZ DE ASIS	1.00	١,,							_	_
DIRECTOR	1 00	Х						0.	0.	0.
(9) ABDOULIE JANNEH	1.00	x						0.	0.	0.
DIRECTOR (10) ALAN HUDSON	40.00	₽	-			-		0.	0.	0.
EXECUTIVE DIRECTOR	40.00	ł		x				144,963.	0.	14,037.
(11) SCOTT RUMPSA	40.00			^				144,903.	0.	14,037.
DIRECTOR OF OPERATIONS & PROGRAMS	40.00	1		x				85,992.	0.	17,021.
DIRECTOR OF OPERATIONS & PROGRAMS	+			1				05,552.	•	17,021.
		1								
	+									
		ł								
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		1								
	1									
		1								
	1									
		L	L	L	L	L	L			
										F 000 (0010)

orm 990 (2016) GLOBAL INTEGRITY 26-0126537 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)													
(A) Name and title	box, offic	not c , unle	Posi heck i ss per nd a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	compensatio	(E) Reportable compensation from related			d of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orgai	m the nization relate	e on ed
								020.055				0.5	
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	230,955. 0. 230,955.		0. 0.		31,058. 0. 31,058.	
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	oove	e) wł	no r	eceived more than \$100),000 of reportab	le		Yes	1 No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3		X
 4 For any individual listed on line 1a, is the sign and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	х	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	uch į	pers	son .					5		X
Complete this table for your five highest countries the organization. Report compensation for										npens	ation fro	om	
(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	services	C	(C) compens		1
Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nite	d to		se lis	stec	d above) who received n	nore than		^	00 :-	0.1-
											Form 9	YU (2	016

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The second secon	. •	. V				sponse	or note to any I	ine in this Part VIII			
2 a OPENGOV HUB							·	(A) Total revenue	Related or exempt function	Unrelated business	from tax under
2 a OPENGOV HUB	nts	1	а	Federated campaigns		1a					
2 a OPENGOV HUB	Gra Ou		b	Membership dues		1b					
2 a OPENGOV HUB	Ar.		С	Fundraising events		1c					
2 a OPENGOV HUB	를		d	Related organizations		1d					
2 a OPENGOV HUB	ns,		е	Government grants (contribut	tions)	1e					
2 a OPENGOV HUB	e tio		f				004 054				
2 a OPENGOV HUB	혈된			similar amounts not included abo	ve	1f					
2 a OPENGOV HUB	on to		g	Noncash contributions included in lines	s 1a-1f: \$		6,708				
2 a OPENGOV HUB 000099 1,085,647. 1,085,647.	<u>ā</u> <u>Č</u>		h	Total. Add lines 1a-1f							
b		_	_	ODENCOV HIIB					1 085 647		
Total, Add lines 2a.21	je			OPENGOV HUB			900099	1,003,047.	1,005,047.		
9 Total, Add lines 2a-2f	Ser							+			
9 Total, Add lines 2a-2f	E A										
9 Total, Add lines 2a-2f	Be										
3 Investment income (including dividends, interest, and other similar amounts)	Pro			All other program service reve	20116						
3 Investment income (including dividends, interest, and other similar amounts)								1,085,647.			
Other similar amounts			3					, , , , ,			
A Income from investment of tax-exempt bond proceeds A 0.78 A 0.78				•				75.			75.
Securities		4									
(i) Real (ii) Personal		5						4,078.			4,078.
b Less: rental expenses C Rental income or (loss) M Net gain or (loss											
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000. 5,000. b HONORARIUM 900099 5,000. 5,000. 5,000. c MISCELLANEOUS 900099 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		6	а	Gross rents							
d Net rental income or (loss) 7 a Gross amount from sales of 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 including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from fundraising events 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000 5,000 5,000 c MISCELLANEOUS 900099 -14,252 5 -14,25			b	Less: rental expenses							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events \$ 9 a Gross income from fundraising events \$ 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or (loss) from gaming activities. See Part IV, line 19 a b Less: core or goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000 5,000 5,000 5,000 6 1,0			С	Rental income or (loss)							
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 including \$ of 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. 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 c Net income or (loss) from gaming activities 11 a RENTAL INCOME b HONORARIUM c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d			d	Net rental income or (loss) .			<u> </u>				
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 including \$		7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				assets other than inventory							
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			b								
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18											
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory b b											
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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 a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RENTAL INCOME b HONORARIUM c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d	ğ				•	•					
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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 a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RENTAL INCOME b HONORARIUM c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d	<u>بر</u> ا			Part IV, line 18		а					
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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 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME b HONORARIUM c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d p 14, 252 c 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 900099 5,000 5,000 5,000 6,	١		С	Net income or (loss) from fund	draising e	events	>				
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000 5,000 5,000 b HONORARIUM 900099 5,000 5,000 5,000 c MISCELLANEOUS 900099 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		9	а	Gross income from gaming ad	ctivities.	See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RENTAL INCOME b HONORARIUM c MISCELLANEOUS d All other revenue 900099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 100099 100099 100099 100099 100099 100099 100099 100099 1000999 10009											
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory											
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				· · · · · · · · · · · · · · · · · · ·	-	ities	>				
b Less: cost of goods sold b		10	а								
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000. b HONORARIUM 900099 5,000. c MISCELLANEOUS 900099 4. d All other revenue 900099 -14,252. e Total. Add lines 11a-11d -4,248.								_			
Miscellaneous Revenue Business Code 11 a RENTAL INCOME 900099 5,000 5,000 b HONORARIUM 900099 5,000 5,000 c MISCELLANEOUS 900099 4 4 d All other revenue 900099 -14,252 -14,252 e Total. Add lines 11a-11d -4,248 -4,248											
11 a RENTAL INCOME 900099 5,000. 5,000. b HONORARIUM 900099 5,000. 5,000. c MISCELLANEOUS 900099 4. 4. d All other revenue 900099 -14,252. -14,252. e Total. Add lines 11a-11d ► -4,248. -4.248.	ļ		С			ntory					
b HONORARIUM 900099 5,000. 5,000. c MISCELLANEOUS 900099 4. 4. d All other revenue 900099 -14,252. -14,252. e Total. Add lines 11a-11d -4,248. -4,248.	-				ie						F 000
c MISCELLANEOUS 900099 4. 4. d All other revenue 900099 -14,252. -14,252. e Total. Add lines 11a-11d ► -4,248. -4,248.											
d All other revenue 900099 -14,25214,252. e Total. Add lines 11a-11d ► -4,248.			b								3,000
e Total. Add lines 11a-11d			C								1 -11 252
0 000 000 000 000											17,434
			æ						1.085.647	0 -	-95

Form 990 (2016)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 54,754. 150,580. 56,679. 262,013 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 447,072. 310,146. 125,859. 11,067. 7 Other salaries and wages Pension plan accruals and contributions (include 2,877 12,607 9,702. 28. section 401(k) and 403(b) employer contributions) 16,760. 58,392. 37,062. 4,570. Other employee benefits 9 51,718. 27,378. 19,436. 4,904. Payroll taxes 10 Fees for services (non-employees): Management 997. 451. 43. 503. Legal 89,916. 48,620. 33,170. 8,126. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 307,433 281,152. 14,031. 12,250. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 55,500. 46,605. 7,416. 1,479. Office expenses 13 57,910. 33,862. 19,603. 4,445. 14 Information technology 15 Royalties 851,482. 796,396. 50,786. 4,300. 16 Occupancy 28,374. 20,264. 1,754. 6,356. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,170. 26,953. 970. 247. Conferences, conventions, and meetings 19 138. 82. 48. 8. 20 Payments to affiliates _____ 21 8,167. 153,199. 139,209. 5,823. Depreciation, depletion, and amortization 22 16,151. 8,524. 6,218. 1,409. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,346. 2,054. 292. OTHER All other expenses 2,423,418. 1,843,214. 456,126. 124,078. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			661,140.	1	869,512.
	2	Savings and temporary cash investments		0.	2	50,000.	
	3	Pledges and grants receivable, net			1,438,625.	3	980,592.
	4	Accounts receivable, net			15,953.	4	8,547.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
ফ		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				88,222.	9	22,537.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,388,346.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	334,938.	152,933.	10c	1,053,408.
	11	Investments - publicly traded securities		-		11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	71,000.	15	72,232.		
	16	Total assets. Add lines 1 through 15 (must equ	2,427,873.	16	3,056,828.		
	17	Accounts payable and accrued expenses			49,413.	17	96,581.
	18	Grants payable		18			
	19	Deferred revenue		48,057.	19	43,456.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	265 222		4 664 450
		Schedule D			365,933.	25	1,661,150.
	26	Total liabilities. Add lines 17 through 25			463,403.	26	1,801,187.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			FFC 01F		104 502
Fund Balances	27	Unrestricted net assets			556,017.	27	124,783.
Bal	28	Temporarily restricted net assets			1,408,453.	28	1,130,858.
nd	29	Permanently restricted net assets		29			
ŗ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here $ ightharpoonup$			
s of		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1,964,470.	32	1,255,641.
_	33	Total net assets or fund balances			2,427,873.	33	3,056,828.
	34	Total liabilities and net assets/fund balances			4,441,013.	34	5,050,040.



Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,07							
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,42 -34	3,4	18.					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8	-36	2,3	17.					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	1,25	5,6	41.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit								
	Act and OMB Circular A-133?		3a		Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit								
or audits, explain why in Schedule O and describe any steps taken to undergo such audits										

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GLOBAL INTEGRITY 26-0126537

Par	t I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
he o	rgani	zation is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	d in sectio	n 170(b)(1	1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	n 990 or 99	90-EZ).)		
з [\neg	A hospital or a cooperative		•			ii).	
4		A medical research organization					•	the hospital's name.
		city, and state:	•	,			(,
5		An organization operated for	or the benefit of a col	lege or university owner	d or operat	ted by a g	overnmental unit describ	ned in
		section 170(b)(1)(A)(iv). (C			. с. сро.а			
6		A federal, state, or local gov	· ·	nental unit described in s	section 17	70(h)(1)(A)	(v)	
7	**	An organization that normal	•				` '	nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	ittiai part of its support i	rom a gov	Ciriiriciitai	unit of from the general	public described in
8 [A community trust describe		1VAVvi) (Complete Part	F 11 \			
9 [ad in aanii	ination with a land grant	collogo
9 L		An agricultural research org				_	-	-
		or university or a non-land-g	rant college of agrici	ulture (see iristructions).	Enter the	marrie, City	y, and state of the colleg	je or
40 [university:	U	there 00 1 /00/ of its according		الله و حاليها حالي		
10 L		An organization that normal						
		activities related to its exem	-	•				
		income and unrelated busin		(less section 511 tax) in	om busine	esses acqu	lired by the organization	aπer June 30, 1975.
F		See section 509(a)(2). (Cor			f-1- 0		20(-)(4)	
11 L		An organization organized a	•	•	-			
12		An organization organized a	•	•	· ·		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	=					neck the box in
		lines 12a through 12d that				•	, ,	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c						
b		Type II. A supporting orga	· ·					-
		control or management of			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	-					
С		Type III functionally inte					• •	ed with,
_		its supported organization		·				
d		Type III non-functionally					• • • • •	
		that is not functionally int	-		•		•	iveness
		requirement (see instructi	·					
е		Check this box if the orga					a Type I, Type II, Type III	
_		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
		r the number of supported or ide the following information	-	d arganization(a)				
9_		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	()	(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
otal								
HA F	or P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	632021 09-	21-16 Schedule A (For	rm 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2865395.	759,704.	2272621.	747,767.	991,354.	7636841.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0065005		0050604	545 545	004 054	5606044
4	Total. Add lines 1 through 3	2865395.	759,704.	2272621.	747,767.	991,354.	7636841.
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,						- 004644
	column (f)						5081641.
	Public support. Subtract line 5 from line 4.						2555200.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012 2865395.	(b) 2013 759,704.	(c) 2014 2272621.	(d) 2015 747,767.	(e) 2016 991,354.	(f) Total 7636841.
	Amounts from line 4	2003393.	759,704.	22/2021.	/4/,/0/•	991,354.	/030041.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 707	460.	0 040	11 770	1 152	27 127
_	and income from similar sources	1,787.	400.	8,948.	11,779.	4,153.	27,127.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	11,942.		5,160.	463.	10 004	27,569.
	assets (Explain in Part VI.)	11,942.		3,100.	400.	10,004.	7691537.
11	• • • • • • • • • • • • • • • • • • • •	ata (aga inatu sati	ana)			12 2	,820,871.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			,020,071.
13	organization, check this box and stor						
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (column (f))		14	33.22 %
15	Public support percentage from 2015					15	27.94 %
	33 1/3% support test - 2016. If the o					L	
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ŭ					*
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization						s ▶ 🔲



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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	<u> </u>	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						> L
	ction C. Computation of Publ					1 1	
	Public support percentage for 2016 (I			column (f))			%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					11	
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2016. If the						
ı	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organization	· >
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see ir	estructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
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Schedule A (Form 9	90 or 99	90-EZ)	2016

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

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizat	tions, in excess of income from activity			
3	Administ	rative expenses paid to accomplish exempt purpose	ns		
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions			
7	Total an	nual distributions. Add lines 1 through 6			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in Part VI). See instructions			
9	Distributa	able amount for 2016 from Section C, line 6			
10	Line 8 an	nount divided by Line 9 amount			
			(i)	(ii)	(iii)
.	F D:	- Authorities Allega Atlanta (and instrumentions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Di	stribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributa	able amount for 2016 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2016 (reason-			
	able caus	se required- explain in Part VI). See instructions			
3		istributions carryover, if any, to 2016:			
а					
b					
С	From 20	13			
d	From 20	14			
е	From 20	15			
f	Total of I	ines 3a through e			
		o underdistributions of prior years			
h	Applied t	o 2016 distributable amount			
i	Carryove	r from 2011 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2016 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2016 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4			
5	Remainir	ng underdistributions for years prior to 2016, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions			
6	Remainir	ng underdistributions for 2016. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions			
7	Excess	distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdo	wn of line 7:			
а					
b	Excess fi	rom 2013			
С	Excess fi	rom 2014			
d	Excess fi	rom 2015			
_	Eycess fi	rom 2016			

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

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

MISCELLANEOUS

2012 AMOUNT: \$ 11,942.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 5,160.

2015 AMOUNT: \$ 463.

2016 AMOUNT: \$ 4.

EVENT REVENUE

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 5,000.

HONORARIUM

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 5,000.

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

GLOBAL INTEGRITY MEETS THE FACTS AND CIRCUMSTANCES TEST UNDER INCOME TAX

REGULATIONS SEC. 1.170A-9T(F)(3) FOR THE CURRENT TAX YEAR (2016), BASED ON

THE FOUR TAX YEARS IMMEDIATELY PRECEDING THE CURRENT TAX YEAR (2012

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

THROUGH 2016).

UNDER THE FACTS AND CIRCUMSTANCES TEST: (1) GLOBAL INTEGRITY MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITING FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, MEMBERSHIP GROUP INVOLVED, AND GOVERNMENTAL UNITS, AND THE SOURCES OF SUPPORT PROVIDE SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS.

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

IN ADDITION TO THE TWO REQUIREMENTS DISCUSSED ABOVE, THE FACTS RELATIVE TO THE OTHER RELEVANT PUBLIC SUPPORT FACTORS DESCRIBED IN REG. SEC. 1.170A-9T(F)(3) ARE PRESENTED BELOW:

(1) PERCENTAGE OF FINANCIAL SUPPORT FACTOR. GLOBAL INTEGRITY HAS RECEIVED OVER 27.94 PERCENT OF ITS SUPPORT FROM CONTRIBUTIONS MADE DIRECTLY BY THE GENERAL PUBLIC OVER THE LAST FIVE YEARS (2012-2016). THIS CONSTITUTES SIGNIFICANT PUBLIC SUPPORT, AND SUBSTANTIALLY EXCEEDS THE MINIMUM 10 OF PUBLIC SUPPORT REQUIREMENT. PERCENT

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
(2) SOURCES OF SUPPORT FACTOR. AS INDICATED ABOVE, GLOBAL INTEGRITY
RECEIVED CONTRIBUTIONS IN THE PERIOD 2012-2016 FROM A VARIETY OF
ORGANIZATIONS. GLOBAL INTEGRITY DID NOT CONDUCT ANY FORMAL SOLICITATION
PROGRAMS, AND HAD TO RELY ON PERSONAL CONTACT TO SOLICIT FUNDS. THIS
APPROACH HAS HAD A CERTAIN AMOUNT OF SUCCESS IN RECENT YEARS, AS GLOBAL
INTEGRITY RECEIVED GRANTS FROM OTHER PUBLIC CHARITIES.
(3) REPRESENTATIVE GOVERNING BODY FACTOR. GLOBAL INTEGRITY IS GOVERNED BY
A BOARD OF DIRECTORS COMPRISED OF INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE
AND EXPERTISE IN THE PARTICULAR FIELD IN WHICH GLOBAL INTEGRITY IS
OPERATING, EDUCATING THE PUBLIC ON THE IMPORTANCE OF OPEN GOVERNANCE.

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

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

GLOBAL INTEGRITY 26-0126537

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.					
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \frac\					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

GLOBAL INTEGRITY 26-0126537

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ 596,410.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Name, address, and ZIF + 4	\$ 306,939.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$54,140.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. <u>4</u>	Name, address, and ZIP + 4	\$ 22,835.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Taning dedicacy and all TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
140.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

GLOBAL INTEGRITY

26-0126537

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
623453 10-18	-16		990, 990-EZ, or 990-PF) (2016)				

INTEGRITY		26-0126537			
Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 ing line entry. For organizations			
		ess for the year. (Enter this info. once.)			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
	, ,				
Transferee's name, address, a		Relationship of transferor to transferee			
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations described in the year from any one contributor. Complete columns (a) through (e) and the follow completing Parl III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or IUse duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

COPLEBALI1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public

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

Inspection

Name of the organization

GLOBAL INTEGRITY

Employer identification number 26-0126537

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , ,	
Da			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ;	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		
D	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ea	soment is located	
4 5		-	
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thandling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	S	aming of violations, and officining conserve	ation dustrients during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		organia o accounting
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	ı	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" on I	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?							<u></u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII				
Pai										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	,	•	•		T				
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1	a column (a)) held as:					
	Board designated or quasi-endowment	crit year erid balarie	%	g, coluitii (i	ajj ficia as.					
	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation tha	nt are held a	and administs	red for th	e organiza	tion		
ou	by:	33ion of the organiza	ation the	it are ricid a	ina aamiinista	ica ioi tii	c organiza	LIOIT		es No
	-								3a(i)	65 140
									- `	
h	(ii) related organizations									
4		· ·							SD	
<u> </u>	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willelit	iurius.						
ı uı	Complete if the organization answered) Part IV	/ lino 11a 9	Soo Earm 000	Dort V I	ino 10			
									(al) Deale	,-l
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation		(d) Book	value
	Land	`	iieiii)	Dasis	(Othich)	uep	COIALIUIT			
	Land									
	Buildings			1 10	2,004.	<u> </u>	37,41	, -	951	,590.
	Leasehold improvements				8,774.		36,38			,389.
	Equipment				7,568.		$\frac{30,38}{61,13}$,309. ,429.
	OtherAdd lines 1a through 1a (Column (d) must ex		V aalun				UI,IS		1.053	408

Schedule D (Form 990) 2016



Schedule D (Form 990) 2016 GLOBAL INTER	JKIII		20	-0120337 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
	(b) BOOK Value	(C) Method of V	aluation. Cost of end	1-01-year market value
(1) Financial derivatives				
(2) Closely-held equity interests (3) Other				
(A)				
(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.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: 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" of	on Form 990. Part IV	/. line 11d. See Form 990.	Part X. line 15.	
	Description		,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" (on Form 990, Part IV	/, line 11e or 11f. See Forn (b) Book value	n 990, Part X, line 25 r	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	MCENMITTEC	1 654 650		
(2) DEFERRED RENT AND LEASE II (3) SUBLEASE SECURITY DEPOSIT	NCENITADO	1,654,650. 6,500.		
		0,300.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	1,661,150.		
iotai. (Column (D) must equal Form 330, Part A, Col. (B) line	25.)▶	- ,00 - , - 00•		

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

Schedule D (Form 990) 2016



Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ıe per Returr) .
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,076,906.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,076,906.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	2,076,906.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expen	ses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	2,423,418.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	(
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,423,418.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	2,423,418.
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		art 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.		
D 3.	DE V I THE O			
PA.	RT X, LINE 2:			
αт.			TN TNG0	VE ENVEC
GЪ	OBAL INTEGRITY PERFORMED AN EVALUATION	OF UNCERTAINTY	IN INCO	ME TAXES
пО.	D MILE VEAD ENDED DECEMBED 21 2016 AN	ID DEMEDMINED MI	an muana	ADE NO
FO.	R THE YEAR ENDED DECEMBER 31, 2016, AN	ID DETERMINED TH	AT THERE	ARE NO
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MA	TTERS THAT WOULD REQUIRE RECOGNITION I	N THE FINANCIAL	STATEME	NTS OR THAT
W 2	V UNITE NAV EFFECT ON THE MAY EVENDE OF	וא חווו כ		
MA	Y HAVE ANY EFFECT ON ITS TAX-EXEMPT ST	AIUS.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 6 Open to Public Inspection

Name of the organization

Employer identification number

GLOBAL INTEGRITY 26-0126537 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures (by type) (such as, fundraising, prooffices is a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND LEARNING TO OPEN THE CARIBBEAN PROGRAM SERVICES GOVERNMENT PROJECT WORK 18,671. LEARNING TO OPEN GOVERNMENT AND LEARNING TO MAKE ALL VOICES COUNT EAST ASIA AND THE PACIFIC 2 PROGRAM SERVICES PROJECT WORK 50,356. MONEY IN POLITICS AND EUROPE (INCLUDING ANTI-CORRUPTION CONFERENCE PRESENTATIONS ICELAND & GREENLAND) 19,475. PROGRAM SERVICES 2.4 FOLLOW THE MONEY FISCAL GOVERNANCE WORK . LEARNING TO OPEN 7 PROGRAM SERVICES GOVERNMENT PROJECT WORK NORTH AMERICA 54,748. AFRICA INTEGRITY INDICATORS RESEARCH IN EACH COUNTRY, PLUS SUB-SAHARAN AFRICA 141 PROGRAM SERVICES LEARNING TO OPEN 470,928. AFRICA INTEGRITY INDICATORS RESEARCH WORK MIDDLE EAST AND ON NORTH AFRICAN NORTH AFRICA 10 PROGRAM SERVICES COUNTRIES, PLUS 55,839. OPEN FISCAL GOVERNANCE SOUTH AMERICA 2 PROGRAM SERVICES PRESENTATION 995. RESEARCH ON DETERMINANTS RUSSIA AND OF CIVIC ENGAGEMENT IN NEIGHBORING STATES ANTICORRUPTION 0 PROGRAM SERVICES 4 043. 3 a Sub-total 0 188 675,055. **b** Total from continuation 0 14,902. sheets to Part I c Totals (add lines 3a 689,957. and 3b)

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

Schedule F (Form 990) 2016



26-012653<u>7 Page 1</u>

Schedule F (Form 990) GLOBAL INTEGRITY

offices employees or (by type) (i.e., fundraising, is a program service, exp	
offices in the region employees or agents in region recipients located in the region europe (INCLUDING employees or agents in region recipients located in the region) is a program service, describe specific type of service(s) in region expression for recipients located in the region)	
) Total enditures region
ICELAND & GREENLAND) 0 0 FUNDRAISING	
	14,902
Totals	14,902

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			recognized as charities by the				<u> </u>	<u> </u>	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of	Enter total number of other organizations or entities								

Schedule F (Form 990) 2016

Page 2

26-0126537 GLOBAL INTEGRITY Schedule F (Form 990) 2016 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2016



Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

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

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

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Part V | Supplemental Information

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

PART	I,	LINE	3

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

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

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

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AFRICA INTEGRITY INDICATORS RESEARCH WORK ON NORTH AFRICAN COUNTRIES, PLUS PRESENTATION IN QATAR ON ANTI-CORRUPTION, PLUS RESEARCH ON DETERMINANTS OF CIVIC ENGAGEMENT IN ANTICORRUPTION

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

GLOBAL INTEGRITY

Employer identification number 26-0126537

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

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

Schedule J (Form 990) 2016



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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALAN HUDSON	(i)	144,963.	0.	0.	5,798.	8,239.	159,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 Inspection

Name of the organization

GLOBAL INTEGRITY

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 26-0126537

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRITY COLLABORATES WITH LOCAL STAKEHOLDERS, HELPING TO PUT ADAPTIVE LEARNING - A STRUCTURED, DATA-DRIVEN, PROBLEM-FOCUSED AND ITERATIVE APPROACH TO LEARNING BY DOING, WHICH ENGAGES WITH LOCAL POLITICAL REALITIES WHILE DRAWING ON EXPERIENCES FROM ELSEWHERE - AT THE HEART OF THEIR EFFORTS TO DESIGN AND IMPLEMENT EFFECTIVE GOVERNANCE REFORMS. THIS CAN HELP REFORMERS CLOSE THE GAPS BETWEEN POLICY COMMITMENTS AND IMPLEMENTATION AND CONTRIBUTE TO BETTER GOVERNANCE AND DEVELOPMENT OUTCOMES. FURTHER, GLOBAL INTEGRITY SEEKS TO SUPPORT AND ENHANCE THE EFFECTIVENESS OF OTHER KEY PLAYERS IN THE GOVERNANCE ARENA BY SHARING MORE WIDELY THE INSIGHTS GENERATED FROM THE INNOVATIVE AND EXPLORATORY WORK WITH LOCAL PARTNERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BEGINNING THE IMPLEMENTATION OF A NEW STRATEGY DESIGNED TO FOSTER MORE ACTIVE COLLABORATION AND LEARNING AMONGST MEMBER ORGANIZATIONS. STRATEGY IDENTIFIED FOUR CROSS-CUTTING THEMATIC PRIORITIES FOR THE HUB COMMUNITY: OPEN DATA, ADAPTIVE LEARNING, DIFFICULT PLACES, AND LOCALIZING OPEN GOVERNANCE. DURING 2016, THE OPENGOV HUB GREW ITS TEAM AND CONTINUED TO LEVERAGE ITS CONVENING ABILITY BY MAINTAINING A VIBRANT CALENDAR OF WIDE-RANGING EVENTS AT LEAST ONCE PER WEEK - FROM A BOOK LAUNCH ON HOW CHANGE HAPPENS, TO A WORLD BANK WORLD DEVELOPMENT REPORT CONSULTATION, A TRANSPORTATION AND PUBLIC-SAFETY HACKATHON WITH DC CITY GOVERNMENT, A DE-JARGONING WORKSHOP, COUNTLESS BROWN BAG DISCUSSIONS AND MUCH MORE. THROUGH ROBUST EVENTS PROGRAMMING,

BROADENING OUR COMMUNICATIONS EFFORTS AND IN OTHER WAYS, THE OPENGOV LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)



Name of the organization

Employer identification number

GLOBAL INTEGRITY 26-0126537 HUB ALSO EXPERIENCED GROWTH IN ITS MEMBERSHIP AND NETWORK OF PARTNERS, AND IMPLEMENTED SIGNIFICANT OPERATIONAL IMPROVEMENTS (NOTABLY LAUNCHING THE FIRST COMPREHENSIVE ONLINE MEMBER PORTAL). IMPORTANTLY, 2016 WAS MARKED BY A GROWTH IN THE SHARED COLLECTIVE/COMMUNITY IDENTITY OF THE DIVERSE MEMBERS OF THE OPENGOV HUB, THROUGH INDICATORS SUCH AS INCREASED PARTICIPATION IN HUB ACTIVITIES, INCREASED INITIATIVE-TAKING BY HUB MEMBERS THEMSELVES TO ORGANIZE ACTIVITIES FOR COMMUNITY BENEFIT, AND GENERALLY MORE HUBBERS CONNECTING WITH EACH OTHER ACROSS ORGANIZATIONS. THIS PROCESS OF DEEPENING COMMUNITY AND COLLABORATION WAS SHEPHERDED BY A VOLUNTEER COLLABORATION COMMITTEE AND LED TO A MARKED SHIFT IN COLLABORATIVE COMMUNITY CULTURE BY THE YEAR'S END, MAKING THE HUB COMMUNITY WELL-POISED TO CHANNEL POWERFUL NEW ENERGY AROUND THE URGENCY OF COLLABORATION TO PROTECT AND PROMOTE OPEN GOVERNANCE IN THE US AND AROUND THE WORLD. FIND MORE INFORMATION HERE: HTTP://OPENGOVHUB.ORG/

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HTTPS://WWW.GLOBALINTEGRITY.ORG/INTEGRITY-AND-ANTI-CORRUPTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LEARNING SUPPORT TO A NUMBER OF AFRICAN AND ASIAN CIVIL SOCIETY

ORGANIZATIONS, THROUGH OUR LEARNING TO MAKE ALL VOICES COUNT PROJECT.

IT ALSO INCLUDES WORK THAT WE HAVE DONE WITH THE GLOBAL INITIATIVE ON

FISCAL TRANSPARENCY (GIFT) ON PUBLIC PARTICIPATION AND BUDGET

PROCESSES, AND ONGOING DISCUSSIONS WITH OGP ABOUT SUPPORTING OPEN

GOVERNMENT REFORMERS' EFFORTS TO CLOSE IMPLEMENTATION GAPS. FIND MORE

INFORMATION ON THIS PROGRAM AREA HERE:

HTTPS://WWW.GLOBALINTEGRITY.ORG/MULTI-STAKEHOLDER-GOVERNANCE-INITIATIVE

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization Employer identification number GLOBAL INTEGRITY 26-0126537

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OPEN FISCAL GOVERNANCE - FIND MORE INFORMATION ON OUR WORK ON OPEN

FISCAL GOVERNANCE HERE:

HTTPS://WWW.GLOBALINTEGRITY.ORG/THEMES/OPEN-FISCAL-GOVERNANCE.

EXPENSES \$ 49,283. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADVOCACY

EXPENSES \$ 8,498. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MONEY, POLITICS AND TRANSPARENCY - FIND MORE INFORMATION ON OUR WORK ON MONEY IN POLITICS HERE:

HTTPS://WWW.GLOBALINTEGRITY.ORG/MONEY-POLITICS-TRANSPARENCY.

EXPENSES \$ 4,147. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2016)

VIEWING ON OUR WEBSITE.

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

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

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

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

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

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

FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW

RELATIONSHIPS.

IF THE BOARD DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO
DISCLOSE AN ACTUAL OR POSSIBLE INTEREST, IT SHALL TAKE APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION WHICH MAY INCLUDE: A) RECONSIDERATION OF
WHETHER THE TRANSACTION OR ARRANGEMENT WAS IN THE BEST INTERESTS OF AND WAS
FAIR AND REASONABLE TO THE ORGANIZATION AT THE TIME IT WAS UNDERTAKEN; B)
RECOMMENDING THE INTERESTED PERSON'S REMOVAL FROM THE BOARD OR STAFF; AND
C) ANY OTHER ACTION.

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

TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR, GLOBAL INTEGRITY

ANALYZED COMPARABLE SALARIES AT OTHER NON-PROFIT ORGANIZATIONS OF A SIMILAR

SIZE. THE COMPENSATION WAS REVIEWED AND APPROVED BY THE COMPENSATION

COMMITTEE OF THE BOARD OF DIRECTORS AND THE FINAL DECISION WAS DOCUMENTED

IN AN EMAIL.

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

GLOBAL INTEGRITY PROACTIVELY SHARES FINANCIAL STATEMENTS AND THE ANNUAL

FEDERAL FORM 990 BY MAKING EACH, SINCE OUR FOUNDING, AVAILABLE FOR REVIEW

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization GLOBAL INTEGRITY	Employer identification number 26-0126537
AND DOWNLOAD ON THE WEBSITE. THE CONFLICT OF INTEREST POL	ICY AND GOVERNING
DOCUMENTS AS WELL AS OTHER MATERIALS ARE MADE AVAILABLE U	JPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EDITING:	
PROGRAM SERVICE EXPENSES	14,294.
MANAGEMENT AND GENERAL EXPENSES	2,006.
FUNDRAISING EXPENSES	12,000.
TOTAL EXPENSES	28,300.
LOCAL EXPERTS AND CONTRACTORS:	
PROGRAM SERVICE EXPENSES	266,858
MANAGEMENT AND GENERAL EXPENSES	12,025
FUNDRAISING EXPENSES	250
TOTAL EXPENSES	279,133
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	307,433