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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	COALITION FOR INTEGRITY, INC. 1100 13TH STREET, N.W. 8TH FL WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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Form	J	J	U

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2021 calendar year, or tax year beginning and	d ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang				o. 4
	Name chang			54-16882	
	Initial return Final return termi		Room/suit 8TH F		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	315,596.
	Amer returr			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: SHRUTI SHAH		for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)) or 📃 52		list. See instructions
J۷	Vebsi	te: ▶ WWW.COALITIONFORINTEGRITY.ORG		H(c) Group exemption	
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea		State of legal domicile: VA
Pa	irt I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities:	PART	III, LINE 1	
Ŭ		· · · · · · · · · · · · · · · · · · ·			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	osed of mo	ore than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			18
ۍ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			17
(cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		469,872.	295,482.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		149.	63.
Π.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		470,021.	295,545.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	244,085.	196,493.
us.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25))80.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		243,937.	113,818.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		488,022.	310,311.
	19	Revenue less expenses. Subtract line 18 from line 12		-18,001.	-14,766.
s or			E	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		959,341.	948,318.
t As Nd B	21	Total liabilities (Part X, line 26)		23,323.	27,066.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		936,018.	921,252.
Pa	irt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepar	er has any knowledge.	

Sign	Signature of officer	Date
Here	SHRUTI SHAH, PRESIDENT & CEO	
Paid	Finite Fighater's signature	Date Check PTIN 5/16/2022 ^{if} P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ► 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

D -	1 990 (2021) COALITION FOR INTEGRITY, INC. 54-1688204 Pag
ra	rt III 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: COALITION FOR INTEGRITY, INC. WORKS TO STRENGTHEN INTEGRITY AND COMBAT
	CORRUPTION IN THE U.S. AND INTERNATIONALLY AND TO PROMOTE TRANSPARENCY
	AND INTEGRITY IN GOVERNMENT, BUSINESS, INTERNATIONAL DEVELOPMENT AND
	THE DAILY LIVES OF PEOPLE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?Yes X
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$164,902. including grants of \$) (Revenue \$)
	WORKING INDIVIDUALLY AND COLLABORATIVELY WITH OTHERS, THE ORGANIZATION
	CONTRIBUTED TO THE FOLLOWING:
	1. GREATER TRANSPARENCY AND INTEGRITY IN U.S. GOVERNANCE: PROMOTING
	ETHICS, TRASPARENCY AND ACCOUNTABILITY IN THE US GOVERNMENT AT THE
	FEDERAL AND STATE LEVEL.; PROMOTING PRIVATE SECTOR INTEGRITY AND
	ANTI-CORRUPTION COMPLIANCE AND RAISING PUBLIC AWARENESS OF WAYS TO
	REDUCE CORRUPTION IN GOVERNMENT AND GOVERNMENT PROCESSES.
	-
	2. STRENGTHENED IMPLEMENTATION AND ENFORCEMENT OF GLOBAL
	ANTI-CORRUPTION AND GOVERNMENT TRANSPARENCY LAWS AND STANDARDS:
	PROMOTED GREATER AND MORE TRANSPARENT ENFORCEMENT OF THE OECD
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 164,902.
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 164,902. Form 990 (2
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 164,902.

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Form	990	(2021)

Part IV Checklist of Required Schedules

COALITION FOR INTEGRITY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	-		
Ŭ	similar amounts as defined in Rev. Proc. 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,	-		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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		x
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		Х
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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 E. Parte Lond IV.	14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
19	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form	990	(2021)
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Part IV Checklist of Required Schedules (continued)

			Yes	1
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		┦
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		
0	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
91	occurr of nonor of gamzanons, but the organization make any transiers to an exempt non-chantable related organization?			
6		36		
	If "Yes," complete Schedule R, Part V, line 2	36		
	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		
87	If "Yes," complete Schedule R, Part V, line 2			
87 18	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		X	
87 18	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	37 38		
87 18	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37 38		
87 88 Par	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	37 38		
37 38 Par	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	37 38		
37 38 Par 1a b	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	37 38		
37 38 Par 1a b	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O t 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	37 38		

Form	990	(2021)
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 COALITION FOR INTEGRITY, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

	t V Statements Regarding Other IRS Filings and Tax Compliance (continu	ueu)					-
_		Т	I		_	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements		_	1			1
	filed for the calendar year ending with or within the year covered by this return		2a	1	-	v	ł
	If at least one is reported on line 2a, did the organization file all required federal employment tax				2b	X	∔
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruct	ctions.					ł
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		4
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche	edule C)		3b		4
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o	ther au	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other finar	ncial ad	ccour	nt)?	4a		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr				5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and o	did the	orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?				6a		
b	If "Yes," did the organization include with every solicitation an express statement that such cont	tributio	ons oi	r gifts			
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar	nd servi	ices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which						
	to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		ntrac	t?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of				7f		-
	If the organization received a contribution of qualified intellectual property, did the organization f				7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org				7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta						
	sponsoring organization have excess business holdings at any time during the year?			NT / N	8		
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?			N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	?		N/A	9b		
	Section 501(c)(7) organizations. Enter:	·					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	↓ ·	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
	Section 501(c)(12) organizations. Enter:	····· L			-		
	Gross income from members or shareholders N/A	<u> </u>	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	···· -	<u></u>		-		
	amounts due or received from them.)	.	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F			,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A				120		-
	Section 501(c)(29) qualified nonprofit health insurance issuers.	∟	120		-		
	Is the organization licensed to issue qualified health plans in more than one state?			N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule C				154		
).					
	Enter the amount of reserves the organization is required to maintain by the states in which the	Ι.					
	organization is licensed to issue qualified health plans		13b		-		
	Enter the amount of reserves on hand		13c				
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scl				14b		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer						
	excess parachute payment(s) during the year?		•••••		15		_
	If "Yes," see the instructions and file Form 4720, Schedule N.						
				no?	16		
	Is the organization an educational institution subject to the section 4968 excise tax on net invest	tment	incor				
6	If "Yes," complete Form 4720, Schedule O.			ne:			
6 7	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	ge in a	ny	27 / 2			
6 7	If "Yes," complete Form 4720, Schedule O.	ge in a	ny	27 / 2	17		

Form 99	0 (2021)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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 on Schedule O. See instructions.

				• —	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	8		
	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 on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			. 2	_	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					
	Did the organization make any significant changes to its governing documents since the prior Form 9					
5	Did the organization become aware during the year of a significant diversion of the organization's ass					2
6	Did the organization have members or stockholders?			. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					Ι.
	more members of the governing body?			. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	olders, or			
	persons other than the governing body?			. 7b	-	Σ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?					-
	Each committee with authority to act on behalf of the governing body?			. 8 b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u>	. 9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
0-	Did the eventimation have lead shorters, hypershee, or effiliates?			10	Yes	
	Did the organization have local chapters, branches, or affiliates?			. 10 a	<u> </u>	╧
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
1	and branches to ensure their operations are consistent with the organization's exempt purposes?			. <u>10k</u> 11a		-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y belo	e ming the form?			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			. 121		+
	on Schedule O how this was done			120	x	
	Did the organization have a written whistleblower policy?					
	Did the organization have a written document retention and destruction policy?					
	Did the process for determining compensation of the following persons include a review and approva			·		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	li by ili	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization					12
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				<u> </u>	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		2
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16		
ec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed CA, MD, NY, VA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)	(3)s on	y) avai	ilabl
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)					
٥	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fir	anoial	
9		THICE (or interest policy,	anu in	ancial	
0	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ako ar	d rocordo 🕨			
0	SHRUTI SHAH - (202)589-1616	JKS an				
	1023 15TH ST NW, SUITE 300, WASHINGTON, DC 20005					
	12-09-21			For	m 990	(20

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emp	oloyees,	Highest	Compensa	ated
	Employees, and Independe	ent Contrac	ctors					

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offi				or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	vidual	Institutional trustee	er	Key employee	est co loyee	her	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) SHRUTI J. SHAH	36.00									
PRESIDENT & CEO		Х		Х				176,304.	0.	0.
(2) ALAN LARSON	1.00									•
CHAIR		Х		х				0.	0.	0.
(3) AUDREY HARRIS	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(4) BRACKETT B. DENNISTON III	1.00									0
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) CHARLES S. LEVY	1.00	37						0		0
BOARD MEMBER (UNTIL 9/21)	1 00	Х						0.	0.	0.
(6) CHRISTIAAN POORTMAN	1.00	v						0	0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) FRITZ HEIMANN	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(8) KEVIN E. DAVIS BOARD MEMBER	1.00	x						0.	0.	0.
(9) LANNY BREUER	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) LARRY THOMPSON	1.00							0.	••	
BOARD MEMBER	1.00	x						0.	0.	0.
(11) LUCINDA A. LOW	1.00									
BOARD MEMBER		x						0.	0.	0.
(12) MARK ALLEN	1.00							•		
BOARD MEMBER		х						0.	0.	0.
(13) MARK MENDELSOHN	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) MICHAEL C. BAILEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) MICHAEL HERSHMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) PAUL FREEDMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) PAUL LAGUNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						_				Form 990 (2021)

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2021.03041 COALITION FOR INTEGRITY, IN 33911_1

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	OFT 990 (2021) COALITION FOR INTEGRITY, INC. 54-1688204 Page					age 8								
Part			ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensatior from related	portable		(F) stimate nount other					
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fr org an	pensa om the anizat d relat anizatie	e ion ed
	PETER CLARK	1.00									_			•
	STEVEN A. TYRRELL	1.00	X						0.		0.			0.
	MEMBER	1.00	x						0.		ο.			0.
	W. BOWMAN CUTTER III	1.00												
BOARI	D MEMBER (UNTIL 9/21)		X						0.		0.			0.
									176 204		_			
	Subtotal								176,304.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								176,304.		0.			0.
2	Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100	,000 of reportable	;			1
													Yes	No
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		,		•	,	,		phest compensated emp	5		3		x
	For any individual listed on line 1a, is the si and related organizations greater than \$15		le co	omp	ensa	ation	n and	l otl	her compensation from	the organization		4	Х	
	Did any person listed on line 1a receive or											-		
	rendered to the organization? <i>If "Yes," con</i>	nplete Schedul	e J f	or su	ıch p	oers	ion .					5		Х
-	ion B. Independent Contractors Complete this table for your five highest co	ompensated inc	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of comp	oens	ation	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith (or w	ithir	n the organization's tax	year.				
	(A) (B) Name and business address NONE Description of services						С) ompe	;) nsatio	n				
								-						
	Total number of independent contractors (•	ot li	mite	d to			stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(ر ا					Form	990 (ž	2021)

132008 12-09-21

Form	n 99	0 (2			ON FOR	R INTEGRI	TY, INC.		54-1688	204 Page 9
Ра	rt \	/	Statement of Re	evenue						
			Check if Schedule O	contains	a response	e or note to any lir	e in this Part VIII	(B)		
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
ې ۵۵			Fundraising events							
Sift lar J			Related organizations							
s, C			Government grants (cont			30,372.				
r Si			All other contributions, gifts,	-						
the			similar amounts not included		1f	265,110.				
d dri		g	Noncash contributions included in	n lines 1a-1f	1g \$	20,051.				
aŭ		h	Total. Add lines 1a-1f				295,482.			
						Business Code				
9	2	а								
e vi		b								
anu Senu		с								
ran eve		d								
Program Service Revenue		е								
đ		f	All other program service	revenue						
		g	Total. Add lines 2a-2f			►				
	3		Investment income (inclu	-						
			other similar amounts) \dots				83.			83.
	4		Income from investment		•	•				
	5		Royalties	·						
					(i) Real	(ii) Personal				
	6		Gross rents							
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
	_		Net rental income or (loss							
	7	а	Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	7a 2	0,031	•				
Ð		b	Less: cost or other basis	- 2	0,051					
evenue		_	and sales expenses		-20	•				
			Gain or (loss) Net gain or (loss)				-20.			-20.
Other R			Gross income from fundraisi				20.			20.
f	0	a	including \$	ing overites	of					
•			contributions reported on	line 1c)						
			Part IV, line 18							
		b	Less: direct expenses							
			Net income or (loss) from			· ►				
	9		Gross income from gamir		-	· · ·				
			Part IV, line 19			1				
		b	Less: direct expenses							
			Net income or (loss) from			►				
	10	а	Gross sales of inventory,	less retur	ns					
			and allowances		10	а				
		b	Less: cost of goods sold			b				
		с	Net income or (loss) from	sales of i	nventory .	🕨				
S						Business Code				
eor	11	а				ļ				
ent		b								
Miscellaneous Revenue		С				ļ				
Mis			All other revenue							
			Total. Add lines 11a-11d							<u> </u>
	12		Total revenue. See instruction	ons		►	295,545.	0.	0.	63.
13200	0 10	na.	-91							Form 990 (2021

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Page **9**

Part IX Statement of Functional Expenses

COALITION FOR INTEGRITY, INC.

Do n	ot include amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	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				
5	Compensation of current officers, directors,	156 204	101 480		1 - 1 - 1
	trustees, and key employees	176,304.	101,470.	58,716.	16,118
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,299.	4,200.	2,431.	668
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	12,890.	7,419.	4,293.	1,178
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	46,697.		46,697.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	35,132.	33,382.	1,030.	720
	Advertising and promotion				
	Office expenses	5,076.	4,288.	618.	170
	Information technology	1,247.	718.	415.	114
	Royalties				
		15,230.	8,766.	5,072.	1,392
	Occupancy Travel	247.	196.	40.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	· · · · · · · · · · · · · · · · · · ·				
0	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,622.	1,509.	873.	240
3	Insurance	4,042.	±,309.	013.	240
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule Q.				
а	amount, list line 24e expenses on Schedule 0.)	2,434.		2,434.	
	LICENSES	2,267.	1,305.	755.	207
	PENSION ADMIN FEES	1,716.	988.	571.	157
-	MISCELLANEOUS	1,150.	661.	384.	105
		±,±50•		501.	±0.
	All other expenses	310,311.	164,902.	124,329.	21,080
5	Total functional expenses. Add lines 1 through 24e	510,511.	107,904.	±47,343•	21,000
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	TEDULED III COMULIU (B) JOINI COSIS IROM & COMDINED				
	educational campaign and fundraising solicitation.			I	

132010 12-09-21

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10 2021.03041 COALITION FOR INTEGRITY, IN 33911_1

Form **990** (2021)

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trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 10,245. 3,386. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 0. basis. Complete Part VI of Schedule D _____ 10a 0. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 4,895. Other assets. See Part IV, line 11 15 15 959,341. 948,318. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 22,747. 27,066 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 576. 25 of Schedule D 23,323. 27,066. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 936,018. 921,252. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 921,252. 936,018. Total net assets or fund balances 32 32 959,341. 948,318. 33 33 Total liabilities and net assets/fund balances Form 990 (2021)

COALITION FOR INTEGRITY, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

5 Loans and other receivables from any current or former officer, director,

1

2

3

4

(A)

Beginning of year

12,729.

818,972.

112,500.

(B)

End of year

806,432.

138,500.

0.

0

1

2

3 4

Assets

_iabilities

Net Assets or Fund Balances

132012	12-09-21	

Form	1990 (2021) COALITION FOR INTEGRITY, INC.	54-168	8204	Pa	ge 12
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			45.
2	Total expenses (must equal Part IX, column (A), line 25)	2			11.
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	936	5,0	18.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				52.
	column (B))				
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 on Schedul	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2021)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form9

90 for instructions and the latest information.	
	Emplo

	2021
	Open to Public Inspection
NVOr	identification numbe

OMB No. 1545-0047

Name of the o	organization
---------------	--------------

Tun				INTEGRITY, I	NC				4-1688204
Pa	rt I	Reason for Public (-		nis nart) Se	e instructions		4 1000204
		lization is not a private found	-		-				
1		A church, convention of ch					V A Vi)		
2	\square	A school described in secti					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	\square	A hospital or a cooperative				V6V1VAViii	3		
4	\square			•			-	(iii) Entor	the hospital's name
4		A medical research organiz	ation operated in G	onjunction with a nospita	I described	a in Section	1 170(b)(1)(A)(III). LIILEI	ine nospital s hame,
5		city, and state: An organization operated for	or the banafit of a a	allaga or university owne	d or opora	tod by a ga	vorpmontol u	nit dooorib	ad in
5		section 170(b)(1)(A)(iv). (C		onege of university owne	u or opera	leu by a go		III UESCIIL	
e				montal unit described in	anation 17	70/6\/4\/4\/			
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
'		-	•	antial part of its support	from a gov	ernmental	unit or from th	ie general	public described in
•		section 170(b)(1)(A)(vi). (C			• 11 \				
8	H	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-c	grant college of agri	culture (see instructions)	. Enter the	name, city	, and state of	the colleg	e or
40		university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqui	ired by the org	janization	aπer June 30, 1975.
		See section 509(a)(2). (Cor			(-h. 0		0(-)(4)		
11	\square	An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
a		the supported organization	-	-	•				
		organization. You must o			a majonty (upporting
b		Type II. A supporting org	-		tion with it	e supporto	d organization	a(c) by ba	vina
D.		control or management o	-				•		-
		organization(s). You mus		-	ame perso	ons that co	ntroi or manaç	ye ine sup	ported
с		Type III functionally inte	-		in connec	tion with a	nd functional	vintearate	ad with
U		its supported organization		• •				yintegrate	su with,
d		Type III non-functionally						ted organi	zation(s)
ŭ		that is not functionally int						-	
		requirement (see instruct			-		-	anatoni	Veneed
е		Check this box if the orga						I Type III	
•		functionally integrated, or					1960, 1960	i, iype iii	
f	Ente	er the number of supported of							
g		vide the following information	•	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of r	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
.									
Tota	ai								

Schedule A (Form 990) 2021

COALITION FOR INTEGRITY, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	529,443.	543,929.	688,727.	469,872.	295,482.	2,527,453.
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 \dots						
4	Total. Add lines 1 through 3	529,443.	543,929.	688,727.	469,872.	295,482.	2,527,453.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						728,492.
	Public support. Subtract line 5 from line 4.						1,798,961.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	529,443.	543,929.	688,727.	469,872.	295,482.	2,527,453.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	229.	955.	1,007.	149.	83.	2,423.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,529,876.
12	Gross receipts from related activities,	· ·	,			12	
13	First 5 years. If the Form 990 is for the	-			•		. —
	organization, check this box and stor	here					
	ction C. Computation of Publ						71.11 %
	Public support percentage for 2021 (14	
	Public support percentage from 2020					15	,
168	33 1/3% support test - 2021. If the c	-					
L	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes and if the organization meets the fact						
			-	-		Ū.	
ŀ	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	-		• • • •	-	17a and line 15 is	
L	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						s I
					-,		(Form 990) 2021

132022 01-04-22

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

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

Section A. Public Support	1	(1)				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
2 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)		1				
4 First 5 years. If the Form 990 is for t	Le organization's f	irst second third	fourth or fifth tax	vear as a section ¹	1 501(c)(3) organ	nization
check this box and stop here	0			-		•
Section C. Computation of Pub						····· 🕨 🖵
15 Public support percentage for 2021			column (f)		15	%
					15	%
16 Public support percentage from 202 Section D. Computation of Inve					ן וט ן	%
-						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						ine 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions)
32023 01-04-22					Schedu	ule A (Form 990) 2021
			15			
60516 745960 33911	20	21.03041	COALITION	FOR INTE	GRITY, I	IN 339111

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

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16 2021.03041 COALITION FOR INTEGRITY, IN 33911_1

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 COALITION FOR INTEGRITY, INC.

Yes No

Pa	rt IV Supporting Organizations (continued)			
		Y	'es	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 on lines 11b and			
	11c below, the governing body of a supported organization?	l1a		
b	A family member of a person described on line 11a above?	l1b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
		Y	′es	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

-	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control

5 11 5 (7, 7		i I	1
or management of the supporting organization was vested in the same persons that controlled or managed			l l
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		

Section 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).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- 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*.
 132025 01-04-22

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes No

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2021.03041 COALITION FOR INTEGRITY, IN 33911__1

Schedule A	(Form 990)	2021	COA	LITION	FOR	INTEC	FRTLA	, INC.	r.
Part V	Type III	Non-F	unctionally	/ Integrate	ed 509(a)(3) Su	pporting	g Organi	zations

1 🗌 (Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on l	Nov. 20, 1970 (explain in	Part VI). See instruction
A	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	_
Section A - /	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net she	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other of	gross income (see instructions)	3		
4 Add lin	es 1 through 3.	4		
5 Deprec	iation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
	on of gross income or for management, conservation, or			
	nance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
•	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	e monthly value of securities	1 a		
b Averag	e monthly cash balances	1b		
	arket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
e Discou	Int claimed for blockage or other factors			
(explair	n in detail in Part VI):			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
-	ct line 2 from line 1d.	3		
	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	tructions).	4		
	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 0.035.	6		
I .	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, column A)	1		
	.85 of line 1.	2		
	Im asset amount for prior year (from Section B, line 8, column A)	3		
	reater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
-	utable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
	Sheck here if the current year is the organization's first as a non-function		d Type III supporting or	anization (coo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

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line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F (See instructions.)	n. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 01-04-22	Schedule A (Form 990)
	20

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(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

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

COALITION FOR INTEGRITY,

C

Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

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

INC.

OMB No. 1545-0047

202[·]

Employer identification number

54-1688204

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	epai	unem	01 111	C	nea

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Schedule B	
(Form 990)	

sury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule B (Form 990)	(2021	
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10260516 745960 33911

Name of organization

Employer identification number

(d)

Type of contribution

X

54-1688204

Person

COALITION FOR INTEGRITY, INC.

		\$20,051.	Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	22		. , , ,

2021.03041 COALITION FOR INTEGRITY, IN 33911_1

Name of organization

Employer identification number

54-1688204

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	1.21	\$30,372.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	¹⁻²¹ 23		Schedule B (Form 990) (2021

2021.03041 COALITION FOR INTEGRITY, IN 33911_1

10260516 745960 33911

Schedule B (Form 990) (202	1)
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Name of organization

Page 3 Employer identification number

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COALITION FOR INTEGRITY, INC.

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. irom 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. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. rom 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
		 \$	

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Schedule I	B (Form 990) (2021)			Page 4
Name of o	rganization			Employer identification number
COALI	TION FOR INTEGRITY, INC	•		54-1688204
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	ions to organizations described in through (e) and the following line er charitable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Deso	cription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, ar 	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4		ansferor to transferee
123454 11-1	1-21			Schedule B (Form 990) (2021)

10260516 745960 33911 2021.03041 COALITION FOR INTEGRITY, IN 33911_1

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

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

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the



Employer identification number

54-1688204

Name of the organization

COALITION FOR INTEGRITY, INC.

	organization answered "Yes" on Form 990, Part IV, li					
		(a) Donor advised funds	(k) Fun	ds and other accou	ints
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's				Yes	└── No
ļ	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used o	nly		
•	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferr	ring		
					Yes	No No
r	II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV,	line 7.		
	Purpose(s) of conservation easements held by the organiza	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (for example, recre	eation or education)	f a histo	rically	important land area	a
	Protection of natural habitat	Preservation o	f a certif	ied his	storic structure	
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	n of a co	nserva		
	day of the tax year.				Held at the End of th	e lax Year
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified historic st	tructure included in (a)		2c		
	Number of conservation easements included in (c) acquired	-				
	isted in the National Register			2d		
	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by th	ne organ	izatior	n during the tax	
1	year ►					
	Number of states where property subject to conservation e	asement is located				
	Does the organization have a written policy regarding the pe					
,	violations, and enforcement of the conservation easements	it holds?			Yes	L No
;	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cor	nservatio	on eas	ements during the y	year
	•					
,	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	ation ea	semer	nts during the year	
	\$					
	Does each conservation easement reported on line 2(d) abo					
i	and section 170(h)(4)(B)(ii)?				Yes	L No
	n Part XIII, describe how the organization reports conserva	tion easements in its revenue and expens	e staten	nent a	nd	
	palance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial staten	nents th	at des	cribes the	
	organization's accounting for conservation easements.					
d	III Organizations Maintaining Collections of		Other S	Simil	ar Assets.	
	Complete if the organization answered "Yes" on Forr					
	f the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement	and bala	ance s	heet works	
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in f	furtherar	nce of	public	
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these ite	ms.			
	f the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and	l balance	e shee	t works of	
i	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furt	therance	e of pu	Iblic service,	
	provide the following amounts relating to these items:					
1	(i) Revenue included on Form 990, Part VIII, line 1				\$	
((ii) Assets included in Form 990, Part X				\$	
	f the organization received or held works of art, historical tr	easures, or other similar assets for financi	al gain, p	orovid	e	
	the following amounts required to be reported under FASB.					
	Revenue included on Form 990, Part VIII, line 1	ASC 958 relating to these items:				
		-			\$	
		-			·	
	Assets included in Form 990, Part X	-			·	990) 202
		-			\$	990) 202 ⁻
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	-			\$	990) 202 ⁻

	dule D (Form 990) 2021 COALITIC					or Other		54-16 ar A sse			age 2
									La(COIIII	iueu)	
3	Using the organization's acquisition, accession	on, and other	recoras, cn	eck any of	the following tr	nat make sig	gnificant	use of its			
_	collection items (check all that apply):		a [
a h	Scholarly research		u L		exchange prog						
b	Preservation for future generations		e 🗆								
C A	-	llootions and	l ovalain hou	thou furth	or the organize	tion's avom	nt nurn	non in Dor	• VIII		
4 5	Provide a description of the organization's co During the year, did the organization solicit or							JSEIITAI	L AIII.		
5	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Par	-		ine organiz			0111 330	, i aitiv,	iii le 3, 0i		
1a	Is the organization an agent, trustee, custodia		termediary f	or contribu	tions or other :	assets not ir	ncluded				
Ĩ	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a							·····	_ 100		
				ig table.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					1
Pa											_
		(a) Current) Prior year		ars back (d		/ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end	balance (line	e 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		%		,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100	0%.								
3a	Are there endowment funds not in the posses	ssion of the c	organization	that are he	ld and adminis	tered for the	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	tions listed a	s required or	n Schedule	R?				3b		
	Describe in Part XIII the intended uses of the		's endowme	nt funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Fo	orm 990, Par	t IV, line 11	a. See Form 99	90, Part X, li	ne 10.				
	Description of property		ost or other	(b) C	ost or other		cumulate	ed	(d) Boo	k valu	е
		<u> </u>	investment)	ba	sis (other)	depr	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
-	Other										
Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 99	0, Part X, co	lumn (B), lii	ne 10c.)						0.
								Schedule	D (Forn	n 990)	2021

Part VII	(Form 990) 2021				INC.	54-1688204 Page 3
		Other Securities.				
	Complete if the orga	nization answered "Ye	s" on F	orm 990, Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Descript	tion of security or catego	MY (including name of security	r)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1) Financia	al derivatives					
.,						
(3) Other			·			
(A)		·				
(B)		<u> </u>				
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
) must equal Form 000	Part X, col. (B) line 12.)				
		Program Related.				
		-	e" on E	orm 000 Part IV line	11c. See Form 990, Part	V line 13
	(a) Description of ir			(b) Book value		ion: Cost or end-of-year market value
(4)				(W) DOUR VAIUE		ion. Cost of end-or-year market value
(1)						
(2)						
(3)						
(4)			_			
(5)			_			
(6)			_			
-						
(7)			_			
-						
(7) (8) (9)						
(7) (8) (9) Total. (Col. (b		Part X, col. (B) line 13.)	►			
(7) (8) (9)	Other Assets.					
(7) (8) (9) Total. (Col. (b	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b	Other Assets.	nization answered "Ye			11d. See Form 990, Part	X, line 15. (b) Book value
(7) (8) (9) Total. (Col. (b	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	nization answered "Ye	s" on F		11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	nization answered "Ye	s" on F a) Desc	ription	11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	nization answered "Ye (; m 990, Part X, col. (B)	s" on F a) Desc	ription	11d. See Form 990, Part	
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur	Other Assets. Complete if the orga	nization answered "Ye (; , , , , , , , , , , , , , , , , , ,	s" on F a) Desc	ription	11d. See Form 990, Part	(b) Book value
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	Other Assets. Complete if the orga	nization answered "Ye (; , , , , , , , , , , , , , , , , , ,	s" on F a) Desc	ription		(b) Book value
(7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colui Part X 1.	Other Assets. Complete if the orga	nization answered "Ye (; m 990, Part X, col. (B) 5. nization answered "Ye	s" on F a) Desc	ription		(b) Book value
(7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coluit Part X 1. (1) Fedd	Other Assets. Complete if the orga mn (b) must equal For Other Liabilities Complete if the orga (a) Des	nization answered "Ye (; m 990, Part X, col. (B) 5. nization answered "Ye	s" on F a) Desc	ription		(b) Book value
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Schedule D (Form 990) 2021 COALITION FOR INTEGRITY,	INC.		54-1	688204 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With	n Revenue per F		
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	640,648.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		345,103.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	345,103.
3 Subtract line 2e from line 1			3	295,545.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	295,545.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements Wit		-	
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	h Expenses per	-	'n.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements Wit 12a.	h Expenses per	-	
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	h Expenses per	Retur	'n.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	tements Wit	h Expenses per	Retur	'n.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit 12a. 2a	h Expenses per	Retur	'n.
 Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	2a 2b	h Expenses per	Retur	'n.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	2a 2b 2c	h Expenses per	Retur	rn. 655,414.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c 2d	h Expenses per 345,103.	Retur	rn. 655,414. 345,103.
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 345,103.	Retu	rn. 655,414.
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 345,103.	1 2e	rn. 655,414. 345,103.
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per 345,103.	1 2e	rn. 655,414. 345,103.
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 345,103.	1 2e	rn. 655,414. 345,103.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	h Expenses per 345,103.	1 2e	rn. 655,414. 345,103. 310,311. 0.
Part XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	h Expenses per 345,103.	Retur	rn. 655,414. 345,103. 310,311.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR	THE	YEARS	ENDED	DECEN	1 BER	31,	2021	AND	2020	, C4I	HAS	DOCUM	ENTEI	D ITS	
CONS	SIDEF	RATION	OF FA	SB ASC	C 740)-10,	INC	OME 1	FAXES	, THAT	PRO	VIDES	GUII	DANCE	FOR
REPO	ORTIN	IG UNC	ERTAIN	TY IN	INCC	ME T	AXES	AND	HAS	DETERM	IINED	THAT	NO 1	MATERI	IAL
UNCI	ERTAI	IN TAX	POSIT	IONS (QUALI	FY F	'OR E	ITHE	R REC	OGNITI	ON O	R DISC	CLOS	JRE IN	1
THE	FINA	NCIAL	STATE	MENTS											

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SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
•		Compensated Employees		ZU		1
Dene	tment of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1	Employer ic			mber
		COALITION FOR INTEGRITY, INC.	54-1	68820	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	Independent of	compensation consultant				
	Form 990 of o	ther organizations	committee			
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				A X
С		eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only postian 504	(2) 501(c)(4) and 501(c)(20) argumentions must complete time 5.0				
F		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	00			
3						
~	contingent on the r			5a		x
a h	Any related organiz	ation?		5a 5b		X
b		ation?		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
5	contingent on the r					
а				6a		x
		ation?				x
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
-		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		···· ·		
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in		···· •		
-		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2021

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Schedule J (Form 990) 2021

54-1688204

Page 2

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHRUTI J. SHAH	(i)	176,304.	0.	0.	0.	0.	176,304.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



COALITION FOR INTEGRITY, INC.

Employer identification number 54 - 1688204

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

ANTI-BRIBERY CONVENTION; URGED THE U.S. GOVERNMENT TO INCREASE THE

TRANSPARENCY OF CORPORATIONS FORMED IN THE U.S. AND CLOSE LOOPHOLES

THAT ALLOW INDIVIDUALS TO LAUNDER MONEY THROUGH ANONYMOUS REAL ESTATE

TRANSACTIONS.

3. ENHANCED CORPORATE INTEGRITY AND STRONGER BUSINESS ANTI-CORRUPTION

STANDARDS, PROGRAMS AND PRACTICES: PROMOTED CORPORATE INTEGRITY AND

COMPLIANCE BEST PRACTICES.

4. PROMOTED ETHICS, TRANSPARENCY AND ACCOUNTABILITY IN THE US

GOVERNMENT AT THE FEDERAL AND STATE LEVEL.

NOT INCLUDED IN THE PROGRAM EXPENSES ABOVE ARE \$345,103 OF DONATED

SERVICES THAT RELATE TO THE PROGRAM ACTIVITY.

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

THE 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. THE BOARD RECEIVES A FINAL COPY OF THE FORM 990 PRIOR TO FILING

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS, PAID STAFF, CONSULTANTS, INTERNS AND VOLUNTEERS ARE ASKED TO ANNUALLY SIGN A STATEMENT ACKNOWLEDGING THAT THEY HAVE READ AND WILL RESPECT THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. SITUATIONS THAT MAY POSE A CONFLICT SHOULD BE DISCUSSED AS SOON AS THEY ARE RECOGNIZED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 33

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2021.03041 COALITION FOR INTEGRITY, IN 33911_1

Schedule O (Form 990) 2021	Page 2
Name of the organization COALITION FOR INTEGRITY, INC.	Employer identification number $54-1688204$
WITH THE PRESIDENT OR THE CHAIRMAN. EXCEPTIONS FOR SPECIA	L CIRCUMSTANCES
MAY BE REQUESTED. THE BOARD REVIEWS THE POLICY AND DECLAR	E POTENTIAL
CONFLICTS REGULARLY. IN CASES WHERE A CONFLICT OF INTERES	T ARISES, THE
BOARD MEMBER WITH A CONFLICT OF INTEREST IS ASKED TO RECU	SE HIMSELF/HERSELF
FROM VOTING IN THE RELATED MATTER.	

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE SALARY DATA FOR THE CEO LEVEL POSITION AND PROPOSES COMPENSATION. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE, INCLUDING SALARY DETERMINATIONS, ARE DOCUMENTED CONTEMPORANEOUSLY AND APPROVED BY THE BOARD.

THE CEO REVIEWS COMPARABLE SALARY DATA FOR KEY EMPLOYEE LEVEL POSITIONS AND PROPOSES COMPENSATION, AFTER WHICH IT IS FORMALLY SUBMITTED TO THE EXECUTIVE COMMITTEE FOR CONSIDERATION. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE, INCLUDING SALARY DETERMINATIONS, ARE DOCUMENTED

CONTEMPORANEOUSLY. THE LAST SALARY REVIEW WAS COMPLETED IN FEBRUARY 2022.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST. IT ALSO PUBLISHES ITS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROJECT CONSULTING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

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34

.....

31,903.

174.

335.

Schedule O (Form 990) 2021 Name of the organization COALITION FOR INTEGRITY, INC.	Pa Employer identification num 54 – 1688204
TOTAL EXPENSES	32,41
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,47
MANAGEMENT AND GENERAL EXPENSES	85
FUNDRAISING EXPENSES	38
TOTAL EXPENSES	2,72
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	35,13
132212 11-11-21	Schedule O (Form 990)
35	