Form 990)
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

A For the 2022 calendary year, or tax year beginning and ending B concil: CName of organization D Employer identification number COALITION FOR INTEGRITY, INC. State of province (country, and 2P or foreign postal code 54-1688204 Private Number and street (or PL) toxi if mails in didweed to street address. Bornowith: E Telephone number Private Number and street (or PL) toxi if mails in didweed to street address. BORNOWINE E Telephone number City or town; state or province, country, and 2P or foreign postal code G cover receipts 3 309, 518. H(b) is this agroup return SAME AS C ABOVE File Ame and address of principal officer. SHRUTI SHAH For subordinates? Yes N Yes N J Webste: WWW. COALITIONFORINTEGRITY. ORG H(b) is this agroup return If No, 'attach a list. See instructions J Webste: WWW. COALITIONFORINTEGRITY. ORG H(c) Group exemption number I Briefly desoribe the organization discontinued its operations or disposed of more than 25% of its net assets. Number of undividuals employed in calendary year 2022 (Part V, line ta) 3 19 4 Number of individuals employed in calendary year 2022. Fortal number of individuals employed in calendary year 2022 (Part V, line ta) 3 19 4 Number of individuals employeed in cal	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
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active COALITION FOR INTEGRITY, INC. 54-1688204 Description Doing business as 54-1688204 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (202)589-1616 Introd Diag business as STH FL C(202)589-1616 Chy or lown, state or province, country, and ZIP or foreign postal code G. Grous reverbs 309,518. Market Nom bara address of principal officer. SHRUTI SHAH File File File SAME AS C ABOVE Hig Is this a group return for subordinates? Yes X No I Tax exempt status: X 501(c)(1) (insert no.) 4947(a)(1) or 527 Hig Is this a group return for subordinates? Yes X No Part II Summary Same and address of principal officer. SHRUTI CORG Hig Is this agroup return for subordinates? Yes X No 2 Check this box I the organization is mission or most significant activities: SEE PART III, LINE 1 2 Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 18 5 Total number of ovolunteers estimat	в	Check if	C Name of		0	D Employer identifica	ation number
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Doing Dusiness as 0.34-10802/04 Provide Trend to the set of P.O. box if mail is not delivered to street address) Room/suite E Telephone number Internet to the set of P.O. box if mail is not delivered to street address) BTH FL (202)589-1616 City or town, state or province, country, and ZIP or foreign postal code G Grass mempts 3 309,518. WASHINGTON, DC 20005 H(a) is this agroup return for subordinates? Vest X No I Taxexempt status: X 501(c)(3) 501(c) (1) (insert no.) 494/(a)(1) or 522 J Website: WWW COALLITIONFORINTECRITY.ORG H(b) we at subordinates induced round in the set of the granization: X Corporation Trust Association Other L year of formation: 1998 M state of lepal domicil: VA Part I Summary 1 Briefly describe the organization is mission or most significant activities: SEE PART III, LINE 1 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of indepinet voting members of the governing body (Part VI, line 1a) 3 1 4 Number of indepinet voting members of the governing body (Part VI, line 1a) 3 1 4 Contributions and grants (Part VIII, loutu		chan		ITION FOR INTEGRITY, INC.			
Image: Number and street (of P.0. box if mails ind delivered to street address) Normsute 2 Telephone number (202589-1616 Into 1 31PH STREET, N.W. BTH FL (202589-1616 City or town, state or province, county, and ZIP or foreign postal code WASHINGTON, DC 20005 H(b) is this a group return for subordinates; 309,518. Minister AS C ABOVE FN men and address of principal officer: SHRUTI SHAH For subordinates; Yes No I Taxexempt status: X 5011(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or EV For all obscillation includer) Yes No H(b) Are all subordinates includer) Yes No If No; attach a list. See instructions H(c) Area group return for all obscillation includer) Yes No I Briefly describe the organization is mission or most significant activities: SEE PART III, LINE 1 I Briefly describe the organization is calcular year 2022 (Part V, line 1a) Immetry Immetry Immetry I Check this box if the organization (C), line 12 Ta Immetry Immetry I Briefly describe the organization is calcular year 2022 (Part V, line 1a) Immetry Immetry Immetry I Check this box if the organization (C), line 12 Ta Immetry Immetry Immetry I Check this box <td></td> <td>chan</td> <td>ge Doing bi</td> <td>usiness as</td> <td></td> <td>54-168820</td> <td>4</td>		chan	ge Doing bi	usiness as		54-168820	4
Security Percentage City or town, state or province, country, and ZIP or foreign postal code G Gross-receipts 5 309,518. Presentage WASHINGTON, DC 20005 Hai Is this a group return for adverse of principal officer: SHRUTI SHAH Hai Is this a group return for subordinates? Yes X No I maxeempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J website: WWW. COALTITIONFOR INTEGRITY.ORG Hc) Corop exemption number K Form of organization: X Corop exemption number R form of organization: X Corop ration Trust Association Other L Year of formation: 1998 M State of legal domicile: VA Part I Summary I briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1 I briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 1 4 Number of individuals employed in calendar year 2022 (Part V, line 1a) 5 1 5 Total number of individuals employed in calendar year 2022 (Part V, line 1a) 0 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 70 0 0			Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
aside Jean City or town, state or province, country, and 2/P or breign postal code Image: City or town, state or province, country, and 2/P or breign postal code MashIINGETON, DC 20005 F Name and address of principal officer: SHRUTI SHAH H(a) Is this a group return for subordinates included? I Taxe exempt status: IS 101(c)(1) (inset no.) 4947(a)(1) or 507 J Website: WW COALLITIONFOR INTEGRITY.ORG H(b) Are all subordinates included? Yes No Part II Summary I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1 1 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 1 1 4 Total number of independent voting members of the governing body (Part VI, line 2a) 5 1 1 5 Total number of independent voting members of the governing body (Part VI, line 2b) 4 28 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200		returr	√ ⊥⊥00	13TH STREET, N.W.	8TH FL	<u>(202)589–</u>	
Image: control of the second secon		ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	309,518.
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SARE AS C ABOVE H(b) Are all subordinates included? UYes No I accesting status: X SUBO(R) J Website: WWW. COALITIONFORINTEGRITY.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile; VA Part II Summary I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1 III prior of organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 2a) 6 20 4 Prior Year Current Year 5 Total number of individuals employed in calendar year 2022 (Part VI, line 2a) 6 20 Prior Year Current Year Prior Year Current Year 8 Contributions and grants (Part VIII, ine 1h) Prior Year Prior Year Current Year 1 Drin in the compensition, employee benefits (Par		tion	r Name a			for subordinates?	Yes X No
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9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. -1.,954. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. -1.,954. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 196, 493. 188, 021. 16a Professional fundraising expenses (Part IX, column (D), line 25) 32, 671. 11.3, 818. 85, 601. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 310, 311. 273, 622. 19 Revenue less expenses. Subtract line 18 from line 12 -14, 766. 33, 942. 20 Total assets (Part X, line 16) 27, 066. 25, 900. 21 Total liabilities (Part X, line 26) 27, 066. 25, 900. 22 Net assets or fund balances. Subtract line 21 from line 20 921, 252			Contributions	and grants (Dart) (III line th)			
11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. -1, 5 3 4. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 295, 545. 307, 564. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 196, 493. 188, 021. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 32, 671. 113, 818. 85, 601. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 113, 818. 85, 601. 113, 818. 85, 601. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 310, 311. 273, 622. 19 end of Year 20 Total assets (Part X, line 16) 948, 318. 981, 094. 27, 066. 25, 900. 21 Total liabilities (Part X, line 26) 27, 066. 25, 900. 27, 066. 25, 900.	ne						
11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. -1, 5 3 4. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 295, 545. 307, 564. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 196, 493. 188, 021. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 32, 671. 113, 818. 85, 601. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 113, 818. 85, 601. 113, 818. 85, 601. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 310, 311. 273, 622. 19 end of Year 20 Total assets (Part X, line 16) 948, 318. 981, 094. 27, 066. 25, 900. 21 Total liabilities (Part X, line 26) 27, 066. 25, 900. 27, 066. 25, 900.	ven	10	0				
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19 Revenue less expenses. Subtract line 18 from line 12 -14,766. 33,942. b 30 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 948,318. 981,094. 21 Total liabilities (Part X, line 26) 27,066. 25,900. 22 Net assets or fund balances. Subtract line 21 from line 20 921,252. 955,194.		1				310,311.	273,622.
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	or	9			Be		
	sets	20	Total assets (F	Part X, line 16)			
	ASS	21					
Part II Signature Block						921,252.	955,194.
	P	art II	Signature	Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
-	SHRUTI SHAH, PRESIDENT & CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Richard L. Locastro	05/09/2023 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 IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

	1990 (2022) COALITION FOR INTEGRITY, INC. 54-1688204 Page
Pa	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: <u>COALITION FOR INTEGRITY, INC. WORKS TO STRENGTHEN INTEGRITY AND COMBAT</u> <u>CORRUPTION IN THE U.S. AND INTERNATIONALLY AND TO PROMOTE TRANSPARENCY</u>
	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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	120 047
	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.
	REDUCE CORROFTION 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 \$)
4e	Total program service expenses 132,247.
TC	Form 990 (202
32002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
	2
	510 745960 33911 2022.03040 COALITION FOR INTEGRITY, 3391

Form	990	(2022)
	330	

 Form 990 (2022)
 COALITION FOR INTEGRITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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			Х
b	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			Х
с	c 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			X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			<u>X</u>
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u> X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	and 8a? If "Yes," complete Schedule G, Part II		X	
19				
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
232003	12-13-22	Form	990 (2022)

232003 12-13-22

3 2022.03040 COALITION FOR INTEGRITY, 33911_1

Form	990	(2022)
	330	(2022)

 Form 990 (2022)
 COALITION FOR INTEGRITY, INC.
 54-1688204
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
اہ	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>25a</u>		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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		X
34	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990	 (2022)
232004	12-13-22	rorm	330	(2022)

2022.03040 COALITION FOR INTEGRITY, 33911_1

Form	Form 990 (2022) COALITION FOR INTEGRITY, INC. 54-1688204 Page 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		Зb				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		<u>X</u>		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiz	ation solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or git	fts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices prov	ided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is require	ed					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?		N/A	8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholdersN/A	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		/ -					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı ı						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				v		
14a				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v		
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Income	?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity of the trust o		bt / b					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17				
	If "Yes," complete Form 6069.			Г	990	(2022)		
232005	5 12-13-22 5			rorm	330	(2022)		

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⁵ 2022.03040 COALITION FOR INTEGRITY, 33911_1

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

54-1688204 Page **6**

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. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	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.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
2					2		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				<u> </u>		
3							
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X X
6	Did the organization have members or stockholders?				6		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:				
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ieniie	Code)				
		Chuc	0000.j			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
D	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
4					11a	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Deloi	e ming the i	OULI		Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	•	•				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed CA, MD, NY, VA						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 5	501(c)(3)s	only)	availat	ole
•	for public inspection. Indicate how you made these available. Check all that apply.	u 000	1 (00001011 0		ony)	avana	510
	X Own website Another's website X Upon request Other (explain	on Sc	hedule ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			olicy, and	finan	cial	
-	statements available to the public during the tax year.			, uno			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	1 records				
	SHRUTI SHAH - (202)589-1616		1000105				
	1100 13TH STREET, N.W., 8TH FL, WASHINGTON, DC 200	05				990	15
						uuri	(200

Form 990 (
Part VII	Coi

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See 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, box 6 of 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				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	nstitutional trustee	-	nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) SHRUTI J. SHAH	33.00									
PRESIDENT & CEO		Х		Х				176,304.	0.	0.
(2) ALAN LARSON	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) AUDREY HARRIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) BRACKETT B. DENNISTON III	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) CHRISTIAAN POORTMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHUCK DURROSS	1.00									
BOARD MEMBER FROM 4/2022		Х						0.	0.	0.
(7) FRITZ HEIMANN	1.00									
BOARD MEMBER END 4/2022		Х						0.	0.	0.
(8) JUSTIN ROSS	1.00									
BOARD MEMBER FROM 6/2022		Х						0.	0.	0.
(9) KEVIN E. DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LANNY BREUER	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(11) LARRY THOMPSON	1.00									-
BOARD MEMBER	1	Х						0.	0.	0.
(12) LUCINDA A. LOW	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) MARK ALLEN	1.00								0	0
BOARD MEMBER END 2/2022	1 0 0	X						0.	0.	0.
(14) MARK MENDELSOHN	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(15) MICHAEL C. BAILEY	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(16) MICHAEL HERSHMAN	1.00								•	<u> </u>
BOARD MEMBER	1 00	Х				-		0.	0.	0.
(17) PASCALE DUBOIS	1.00	v						0.	0.	0.
BOARD MEMBER FROM 2/2022		Х						U .	0.	0 • Form 990 (2022)
232007 12-13-22				_						Form 990 (2022)

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Form 990 (2022) COALITIO	I FOR IN	TE	GR	IT	Ϋ́Υ,	I	NC	•	54-1688	204	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(do box	not cl , unles	(Pos heck ss per	C) ition more rson i		one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	he ation ated
(18) PAUL FREEDMAN BOARD MEMBER	1.00	x						0.	0.		0.
(19) PAUL LAGUNES	1.00	Λ						0.	0.		0.
BOARD MEMBER	1.00	х						0.	0.		0.
(20) PETER CLARK	1.00										
BOARD MEMBER		х						0.	0.		0.
(21) STEVEN A. TYRRELL	1.00									1	
BOARD MEMBER		х						0.	0.		0.
1b Subtotal								176,304.	0.		0.
c Total from continuation sheets to Part V								0.	0.	L	0.
d Total (add lines 1b and 1c)								176,304.	0.		0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		1
3 Did the organization list any former officer.	director trust	e k	ev e	mol	ove	e or	hia	best compensated emp	lovee on	Yes	No
line 1a? If "Yes," complete Schedule J for s	,					,	0		,	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	4 X	
5 Did any person listed on line 1a receive or a	,		'							4 11	
rendered to the organization? If "Yes," con										5	x
Section B. Independent Contractors		201	01 00		00/0	011 .					
1 Complete this table for your five highest co the organization. Report compensation for									, 1	ition from	
(A)	ine calendar ye		nun	ig w				(B)		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices (Compensati	on
							\neg				
2 Total number of independent contractors (i	•	ot lin	nitec	d to	thos C		ted	above) who received me	ore than		
\$100,000 of compensation from the organi					Ľ	,				Form 990	(2022)

232008 12-13-22

		2022) COALITION FOR INTEGRI	TY, INC.		54-1688	204 Page 9
Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any li		(B)	(C)	
			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
S, G	С	Fundraising events 1c 130,000.	_			
Gift İlar	d	Related organizations 1d	_			
ns, Simi	е	Government grants (contributions) 1e	-			
utio Ier (f	All other contributions, gifts, grants, and similar amounts not included above If 179,221.				
trib Oth	g		-			
Con	9 h	Total. Add lines 1a-1f	309,221.			
0		Business Code				
ė	2 a					
e e	b					
ר Se enu	С					
Jran Rev	d					
Program Service Revenue	e					
-	f	All other program service revenue				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	297.			297.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(i) Real (ii) Personal	-			
	6 a		-			
	b c		-			
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
	b	Less: cost or other basis				
venue		and sales expenses 7b	-			
		Gain or (loss)				
er R		Net gain or (loss)				
Other Re	0 4	including \$ 130,000. of				
-		contributions reported on line 1c). See				
		Part IV, line 18				
		Less: direct expenses 8b 1,954.				1 054
		Net income or (loss) from fundraising events	-1,954.			-1,954.
	чa	Gross income from gaming activities. See Part IV, line 19 9a				
	h	Part IV, line 19 9a Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
snu	11 a					
neo	b					
evenue:	c					
Miscellaneous Revenue		All other revenue				
-	е	Total. Add lines 11a-11d				1 655
	12	Total revenue. See instructions	307,564.	0.	0.	-1,657. Form 990 (2022)
23200	9 12-13	-22				ronn ээс (2022)

COALITION FOR INTEGRITY, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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 4 5 Compensation of current officers, directors, 97,210. 26,411. 175,232. 51,611. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 12,789. 7,094. 3,767. 1,928. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 42,955. 42,955. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 16,759. 13,935. 1,753. 1,071. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 3,960. 2,819. 755. 386. Office expenses 13 2,747. 1,524. 809. 414. Information technology 14 15 Royalties 7,778. 4,315. 2,291. 1,172. 16 Occupancy 386. 321. 24. 41. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,329. 1,847. 980. 502. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 2,303. 2,303. PAYROLL PROCESSING а 2,136. LICENSES 1,185. 629. 322. h 1,716. 952. 505. 259. PENSION ADMIN FEES С d MISCELLANEOUS 1,532. 1,045. 322. 165. e All other expenses 273,622. 132,247. 108,704. 32,671. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)

Form 990 (2022)

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Liabilities

Net Assets or Fund Balances

Assets

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 806,432. 932,734. Savings and temporary cash investments 2 138,500. 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 3,386. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 948,318. 981,094. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 27,066. Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 27,066. 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 921,252. Net assets without donor restrictions 27

COALITION FOR INTEGRITY, INC.

955,194.

28

29

30

31

32

33

921,252.

948,318.

25,900.

981,094. Form 990 (2022)

955,194.

(B)

45,000.

3,360.

25,900.

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	990 (2022) COALITION FOR INTEGRITY, INC.	54-168	38204	Pag	_{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		7,50	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,62	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>42.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	921	.,2	52.
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,				
	column (B))	10	955	5,19	94.
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 Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		. 2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
					/ · ·

Form **990** (2022)

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/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public

I.

Name of the organization

Nam	e of t	he organization							identification number
_		COALITION FOR INTEGRITY, INC. 54–1688204 I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 54–1688204							
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section !	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) Is the ora:	anization listed	(.) A		
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See II	1311 40110113)	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support					.	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	543,929.	688,727.	469,872.	295,482.	309,221.	2307231.
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						
4	Total. Add lines 1 through 3	543,929.	688,727.	469,872.	295,482.	309,221.	2307231.
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)						638,087.
	Public support. Subtract line 5 from line 4.						1669144.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	543,929.	688,727.	469,872.	295,482.	309,221.	2307231.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	955.	1,007.	149.	83.	297.	2,491.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2309722.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section /	01(c)(3)	
_	organization, check this box and stop	here	······				<u>L</u>
	ction C. Computation of Publi					<u>г г</u>	
	Public support percentage for 2022 (I					14	72.27 %
	Public support percentage from 2021					15	71.11 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	ation
-	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances test	0					10% or
	more, and if the organization meets the						[]
40	organization meets the facts-and-circu				• •		
IŎ	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 17b	, check this box a		Form 990) 2022
						Schedule A	(1 JIII 330) ZUZZ

Schedule A				-	INTEGRITY,	
Part III	Support	: Schedule for	or Organizations	Desc	ribed 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						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a 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 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop here	-			-		
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If the						3%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22		15			Sched	ule A (Form 990) 2022

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Yes No

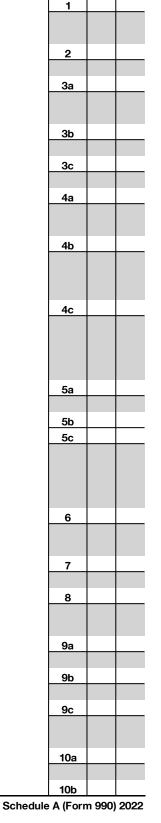
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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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orm 990) 2022	COALITI	ON FOR	INTEGRITY,	INC.

No

Pa	Part IV Supporting Organizations (continue)	nued)		
			Yes	No
11	Has the organization accepted a gift or contribut	ion from any of the following persons?		
а	a A person who directly or indirectly controls, either	r alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported or	ganization? 11a		
b	b A family member of a person described on line 1	1a above? 11b		
с	c A 35% controlled entity of a person described or	line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organization	IS		
			Yes	No
1	more supported organizations have the power to directors, or trustees at all times during the tax y effectively operated, supervised, or controlled the organization, describe how the powers to appoin	ng body, officers acting in their official capacity, or membership of one or regularly appoint or elect at least a majority of the organization's officers, ear? If "No," describe in Part VI how the supported organization(s) e organization's activities. If the organization had more than one supported t and/or remove officers, directors, or trustees were allocated among the		
		estrictions, if any, applied to such powers during the tax year.	_	
2	2 Did the organization operate for the benefit of an	y 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, and is a stand of the standard the

supervised	or controlled the supporting organization.	
Section C. Ty	pe II Supporting Organizations	

Schedule A (Fo

Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

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 satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	/ (see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-------------------------------

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.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

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1 Net short-term capital gain 2 Recoveries of prior-year distributions

	necoveries of phor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	nization (see

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

Schedule A (Form 990) 2022

(B) Current Year

(optional)

(A) Prior Year

Section A - Adjusted Net Income

COALITION FOR INTEGRITY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule A (Form 990) 2022

1

1

2

Schedule A (Form 990) 2022

Par	't V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	COALITION						54-1688204	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	a, 6, 9a, 9 , Section	9b, 9c, 11a, 11 E, lines 1c, 2	1b, and 1 a, 2b, 3a	11c; Part IV, S a, and 3b; Part	ection B, lines 1 V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C.
	(See instructions.)			, c, and c. ,					
232028 12-09-2	2			20				Schedule A (Form 9	990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

54-1688204

	COALITION FOR INTEGRITY, INC.
Organization type (cheo	ck one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 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 for an *exclusively* set in the set of t

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.

Schedule B (Form 990) (2022)

11440510 745960 33911

Schedule B (Form 990) (2022)

22 2022.03040 COALITION FOR INTEGRITY, 33911 1

Employer identification number

54-1688204

COALITION FOR INTEGRITY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 57,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 24,885. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Name of organization

Page 2

		\$ <u>10,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$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
10		\$8,000.	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
		\$7,500 .	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> 12</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-2 440510	23	COALITION FOR INT	Schedule B (Form 990) (2022)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 8 Person Payroll

Name of organization

Employer identification number

54 - 1688204

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114

Name of organization

Page **2**

Employer identification number

COALI	TION FOR INTEGRITY, INC.		54-1688204
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13		- \$\$7,50	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
14		_ \$7,50) () . Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
15		_ \$7,50) () . Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
16		_ \$7,5(Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
17		_ \$7,5(Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		-	Person Payroll Noncash

noncash contributions.) Schedule B (Form 990) (2022)

(Complete Part II for

223452 11-15-22

2022.03040 COALITION FOR INTEGRITY, 33911__1

Schedule B	(Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

54-1688204

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

25 2022.03040 COALITION FOR INTEGRITY, 33911_1

Schedule I	B (Form 990) (2022)		Page 4					
Name of o	rganization		Employer identification number					
COALT	TION FOR INTEGRITY, INC		54-1688204					
	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)					
(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) Description of how gift is held					
		(e) Transfer of gif	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(h) Duwnooo of sift		(d) Description of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		e) Transfer of gil	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ								
		(e) Transfer of gif	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[
223454 11-15	5-22		Schedule B (Form 990) (2022)					

26 2022.03040 COALITION FOR INTEGRITY, 33911_1

90	HEDULE D	Supplementa	al Financial Statements		OMB No. 15	545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		201	22
-	-		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to	Public
	ment of the Treasury I Revenue Service		D for instructions and the latest information.		Inspecti	
Nam	e of the organization			Emplo	oyer identification	
		COALITION FOR INTEC		<u> </u>	54-16882	
Pa			d Funds or Other Similar Funds or A	ccounts	 Complete if the 	ıe
	organizatior	n answered "Yes" on Form 990, Part IV, line I		(la) Europeia		
			(a) Donor advised funds	(b) Funds	and other accou	nts
1		nd of year				
2		contributions to (during year)				
3 4		i grants from (during year)				
4 5		end of year	vriting that the assets held in donor advised fun	de		
5	-		exclusive legal control?		Yes	
6			dvisors in writing that grant funds can be used o			
Ū			r donor advisor, or for any other purpose confer			
	impermissible priva			•	Yes	
Pa			ganization answered "Yes" on Form 990, Part IV			
1		ervation easements held by the organization				
	Preservation	of land for public use (for example, recreat	tion or education) Preservation of a hist	orically in	nportant land area	1
	Protection of	f natural habitat	Preservation of a cert	ified histo	oric structure	
	Preservation	of open space				
2			ied conservation contribution in the form of a co			
	day of the tax year			Н	leld at the End of th	e Tax Yea
а				2a		
b	-			2b		
c			ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
•				2d		
3		ation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	ization du	uring the tax	
4	year	 where property subject to conservation eas	ement is leasted			
4 5		tion have a written policy regarding the peri				
5	•	procement of the conservation easements it			Ves	
6			holds?	on easem	ents during the ve	
Ū		······································		on oucom	5	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements	during the year	
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?			🗌 Yes	🗌 No
9	In Part XIII, describ		on easements in its revenue and expense staten			
	balance sheet, and	I include, if applicable, the text of the footn	ote to the organization's financial statements th	at descrik	oes the	
	organization's acco	ounting for conservation easements.			A .	
Pa	τ III Organiza	itions Maintaining Collections of	Art, Historical Treasures, or Other S	similar <i>i</i>	Assets.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	\$

27

232051 09-01-22 11440510 745960 33911

2022.03040 COALITION FOR INTEGRITY,

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. gentinued. 3 Using the operators a square status a square of the following that make significant use of ta a Depide collection time (check all that apply): d b Depide collection time (check all that apply): d b Scholarly research e c Preservation for future generations e d Depide collection and explain how they further the organization solucitor. Yes: No. Particle collection and collections and explain how they further the organization solucitor. Yes: No. Particle collection and collection of the reserve domaintors of art. historical treasures, or other similar assets to be all or message. Yes: No. Particle collection and collection and collection or other internediary for contributions or other assets not included on form 500, Part X. Im 21. Is the organization anagent, trustee, cutodian or other internediary for contributions or cutodial account label: Yes: No. d Endowment Funds. Complete the following the vartice of the organization collection is the program of the vartice of the vartice of the organization analytice of the organization analytice of the organization analytice of the organization analytice of the complete the following the vartice of the organization analytice of the organizati	Sche	dule D (Form 990) 2022 COALITIC	ON FOR	INTE	GRI	ΤY,	INC	Ζ.				54-16			age 2
collection terms (check all that apply): d Loan or exchange program a Dybic exclusion e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets Ib explore dart answert on Form 990, Part X, line 21. Test organization answered "Yes" on Form 990, Part X, line 21. Ia Is the organization and provide an amount on Form 990, Part X, line 21. Amount to the organization included an amount on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII. Check here if the explanation in part XIII. To the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part X, line 21. Yes In the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the explanation include an amount on Form 990, Part X, line 10. In the explanation include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Gen Part SP Gen Part SP Gen Part SP 1a Beginning of year balance In the granization include	Par	t III Organizations Maintaining Co	ollections	of Art,	, Hist	orica	Tre	asures, o	r Othe	r Sin	nilar	Assets	(contin	ued)	
a Public exhibition d Clean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other	records,	, checł	k any of	f the f	ollowing tha	t make si	ignific	ant u	se of its	·		
b Scholary research e Other c Provide a decription of houre generations collections and explain how they further the organization's collections and explain how they further the organization's collection? Yee No Parvide a decription of the organization solid or receive donations of art, historical treasures, or other similar assets to be solid the organization's collection? Yee No Parvide a data match at the than to be maintained as pard of the organization's collection? Yee No Parvide a data match of them to be maintained as pard of the organization answered "Yee' on Form 990, Part X, line 21, or scrow or custodial account that the them to the maintaine asset of the organization answered "Yee's on Form 990, Part X, line 21, or scrow or custodial account line" Amount c Beginning balance 1d 1d 1d 1d d Data theoring anization include an amount on Form 990, Part X, line 21, for scrow or custodial account line" Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XII Yes Image: Part XII Part V Endowment Funds. Complete if the erganization include an amount on Form 990, Part X, line 10. Image: Part XII Image: Part XIII 1a Beginning of year balance 1d 1d		collection items (check all that apply):													
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 6 Derrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 590, Part X, line 9.7 7 Is the organization and purpose in Part XIII and complete the following table: 6 If 'Yes," explain the arrangement in Part XIII and complete the following table: 7 Id 1 Id 1 Id 2 Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Part V 2 Endowment Funds. Complete if the organization answered "Yes" on Form 590, Part X, line 21, for escrow or custodial account liability? 2 Part V 8 Endowment Funds. Complete if the organization answered "Yes" on Form 590, Part X, line 21, for escrow or custodial account liability? 9 If 'Yes," explain the arrangement in Part XIII Check here if the escronant chash been provided on Part XIII. 9 Part V 9 Endowment Funds. Complete if the organization answered "Yes" on Form 590, Part X, line 21, for escrow or custodial account liability? 9 If 'Yes," explain the arrangement in Part XIII. 9 If 'Yes ' on Form 590, Part X, line 21, for escr	а	Public exhibition		d		Loan c	r excl	hange progr	am						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During they ser, did the organization is collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization argent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization argent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is disting balance Intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is disting organization include an amount on Form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 10. Intermediary for a form 990, Part X, line 10. Intermediary f	b	Scholarly research		е		Other									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During they ser, did the organization is collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization argent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization argent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is disting balance Intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is disting organization include an amount on Form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 21. Intermediary for a form 990, Part X, line 10. Intermediary for a form 990, Part X, line 10. Intermediary f	с	Preservation for future generations				-									
to be odd to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X 1a Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or custodial account liability? Intermediary for escreward in the asset on the custom include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the explanation has been provided on Part XIII Intermediary for escreward in the escreward in the explanation has been provided on Part X	4		llections and	explain	how th	ney furt	her th	e organizatio	on's exer	mpt pi	urpos	e in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Part X Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount Ic d Additions during the year It Ic Ic Amount Ic Ic Amount Ic Ic Amount Ic Ic Amount Ic	5	During the year, did the organization solicit or	receive dona	ations of	art, hi	storical	treas	sures, or othe	er similar	asset	ts				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d I d I d I d I d I d I d I d I d I d I		to be sold to raise funds rather than to be ma	intained as p	art of the	e orgai	nizatior	i's col	lection?					Yes		No
on Form 930, Part X? Yes No b It "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Here Int Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Int Int e Contributions (a) Current year (b) Prior year Stack (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses	Par			Complet	e if the	e organ	izatio	n answered	"Yes" on	n Form	ı 990,	, Part IV, I	ine 9, or		
on Form 930, Part X? Yes No b It "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Here Int Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Int Int e Contributions (a) Current year (b) Prior year Stack (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses	1a	Is the organization an agent, trustee, custodia	an or other in	termedia	ary for	contrib	utions	s or other as	sets not	includ	led				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (a) Current year (b) Prior year 1a Beginning of year balance (a) Current year end balance (line 10, column (a) held as: a a difti four years back 2 Provide the estimated percentage of the current year end balance (line 10, column (a) held as: a <													Yes		No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial accountil lability? Ves No b If "Ves" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Contributions Image: Contr	b									_					
d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. e Not investment earnings, gains, and losses image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. e Other expenditures for facilities image: Complete if the organization that are held and administered for the organization bit. Image: Complete if the organization that are held and administered for the organizations is endowment image. g Find of year balance % Image: Comparise is in the possession of the organization that are held and administered for the organizations is endowment image: Cost on other organizations Image: Cost on other is in the cost on the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is endowment image: Cost on other is in the organization is													Amount	t	
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e Distributions during the year Ie 1 Ending balance It It 20 Did the organization incluide an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. b Contributions Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. c Mathings, gains, and losses Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. c Other expenditures for facilities Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. c Other expenditures for facilities Image: Complete if the organization is completed organization answered 'Yes' on Form 990, Part IV, line 10. c Term endowment % f Part Mathies and index on the organization is endowment funds. file of dynaizations Image: Son form 990, Part IV, line 10. iii Reled organizations Image: Son form 990, Part IV, line 11a. See Form 990,											1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back a Control the expenditures for facilities and programs (f) Administrative expendexpende four set faciliti i i i i i i i i i i i i i											1e				
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (c) Current year (c) Two years back (c) Two years back back (c) Two years back (c) Two year	2a												Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance															
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b Contributions		_	(a) Current	year	(b) F	Prior ye	ar	(c) Two yea	irs back	(d) ⊺ł	nree y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1a														
d Grants or scholarships	b	Contributions													
e Other expenditures for facilities and programs	С	F													
and programs	d	Grants or scholarships													
f Administrative expenses	е	Other expenditures for facilities													
g End of year balance		and programs													
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses													
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	g	End of year balance													
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organization sendowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b buildings c Leasehold improvements c Leasehold improvements c	2			balance	(line 1	g, colur	nn (a)) held as:							
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment			%										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Concumulated (iii) Related organizations (iii) Column (d) must equal Form 990, Part X, column (B), line 10c,) (0.	b	Permanent endowment	%												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Sorm 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cher (f) Equipment (h) Column (d) must equal Form 990, Part X, column (B), line 10c.) (0. 	С	······	-												
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3d(i) 3b 3d(i) 3b 3d(i) 3b 3d(i) 3b 3d(i) 3b 3d 3b 3d 3b 3c 3c<		The percentages on lines 2a, 2b, and 2c should	uld equal 100	%.											
(i) Unrelated organizations 3a(i) 3a(i) 3a(ii) 3b 3b<	3a	Are there endowment funds not in the posses	sion of the o	rganizat	ion tha	at are he	eld an	id administe	red for th	ne			r		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		0												Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value 1a Land															
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Image: Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Image: Other	_	(ii) Related organizations													
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b						e R?						3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4 Par			s endow	ment	runds.									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	1 41			orm 990	Part I\	/ line 1	1a S	ee Form 990) Part X	line 1	0				
basis (investment) basis (other) depreciation 1a Land						r						d			
1a Land		Description of property	1						1			u	(u) 600	vaiu	le
b Buildings	19	Land						、···-·/							
c Leasehold improvements															
d Equipment						1									
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.															
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)															
					00/00	nn (P)	lina 1		1						0.
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art VII Investments - Other Securities.	<u>R INTEGRITY,</u>		-1688204 _{Pa}
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
A) 3)			
C)			
)			
Ξ)			
F)			
à)			
4)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
1)	(,		, ,
2)			
3)			
4)			
5)			
6)			
7)			
8)			
Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
1)			
2)			
3)			
•			
4)			
5)			
4) 5) 6)			
4) 5) 6) 7)			
4) 5) 6) 7) 8)			
4) 5) 6) 7) 8) 9) I. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.			
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o			(h) Pook volue
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			(b) Book value
 4) 5) 6) 7) 3) 4) 4) 5) 5) 6) 6) 7) <			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2)			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3)			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4)			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)			(b) Book value
4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)			(b) Book value
4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8) 9)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

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Sche	dule D (Form 990) 2022 COALITION FOR INTEGRITY	, INC.		54-2	1688204 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	454,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	146,500.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	146,500.
3	Subtract line 2e from line 1			3	307,564.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	307,564.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Returr	۱.
			• •		
	Complete if the organization answered "Yes" on Form 990, Part IV, li		· · ·		
1		ne 12a.		1	420,122.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
-	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.			
2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a. 			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 2a 2b			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 2a 2b 2c			420,122.
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ne 12a. 2a 2b 2c 2d	146,500.		420,122.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ne 12a. 2a 2b 2c 2d	146,500.	1	420,122.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ne 12a. 2a 2b 2c 2d	146,500.	1 2e	420,122.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ne 12a. 2a 2b 2c 2d	146,500.	1 2e	420,122.
2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ne 12a. 2a 2b 2c 2d 4a	146,500.	1 2e	420,122.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ne 12a. 2a 2b 2c 2d 4a 4b	146,500.	1 2e	420,122. 146,500. 273,622. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ne 12a. 2a 2b 2c 2d 4a 4b	146,500.	1 2e 3	420,122. 146,500. 273,622.

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, C4I HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 o o www.irs.gov/Form990 for instruc					Open to Public Inspection
Name of the organization	identification number						
Name of the organization		ON FOR INTEGRITY,	INC			54-16	
		Complete if the organization answe			n Form 990, Part IV, li		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes No
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total							
		n is registered or licensed to solicit c		utions	or has been notified	it is exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

54-1688204 Page 2

 Schedule G (Form 990) 2022
 COALITION FOR INTEGRITY, INC.
 54–1688204
 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Up Up<			of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
VERTOAL DINRER NONE (event type) NONE (total number) gade out, (a) through coti (a) 1 Gross receipts 130,000. 130,000. 130,000. 2 Less: Contributions 130,000. 130,000. 130,000. 3 Gross receipts 130,000. 130,000. 130,000. 4 Cash prizes				(a) Event #1	(b) Event #2	.,	(d) Total events
BINNER col. (c) i Gross receipts 130,000. 2 Less: Contributions 130,000. 3 Gross income (ine 1 minus line 2) 130,000. 4 Cash prizes 130,000. 5 Noncash prizes 1,954. 6 Rant/raciity costs 1,954. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,954. 11 Gross revenue 1,954. 2 Cash prizes 1,954. 3 Noncash prizes 1,954. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,954. 11 Gross revenue 1,954. 6 Rant/facility costs 1,954. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,954. 11 Gross revenue (a) Bingo 2 Cash prizes (d) Total gaming (add column (d) 3 Noncash prizes (a) Bingo 4 Runt/facility costs (a) Bingo 5 Other direct expenses summary. Add lines 2 through 5 in column (d) (d) Total gaming (add column) column) (d) 1 Gross revenue (a) Bingo 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) (d) Total gaming (add column) (d) 9 Enter the state(s) in which the organization conducts gaming activities: (d) Total gaming (add column) (d) 9 Direct expense summary						NONE	.,
age ievent type) (event type) (event type) (event type) i Gross receipts 130,000. 130,000. 130,000. a Gross income (ine 1 minus line 2) 130,000. 130,000. 130,000. a Gross income (ine 1 minus line 2) 130,000. 130,000. 130,000. a Gross income (ine 1 minus line 2) 130,000. 130,000. 130,000. a Gross income (ine 1 minus line 2) 130,000. 130,000. 130,000. a Gross income (ine 1 minus line 2) 130,000. 130,000. 130,000. b Cher dinet expenses 1,954. 1,954. 1,954. b Direct expense summary. Add lines 4 through 9 in column (d) 1,954. 1,954. c Gross revenue 1,954. 1,954. 1,954. b Direct expenses summary. Add lines 4 through 9 in column (d) 1,954. 1,954. c Gross revenue (a) Bingo (b) Pull tabelinstant (c) Other gaming (add col. (a) through col. (b) a Rent/facility costs (a) Bingo (b) Pull tabelinstant (c) Other gaming (add col. (a) through col. (b) a Rent/facility costs (a) Bingo (b) Pull tabelinstant (c) Other gaming (add col. (c) through col. (c))							
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2 Less: Contributions 130,000. 130,000. 3 Gross income (line 1 minus line 2)	/enu			120 000			120 000
3 Gross income (line 1 minus line 2)	Rev	1	Gross receipts	130,000.			130,000.
4 Cash prizes		2	Less: Contributions	130,000.			130,000.
4 Cash prizes							
5 Noncash prizes		3	Gross income (line 1 minus line 2)				
5 Noncash prizes		4	Cash prizes				
second		-					
second		5	Noncash prizes				
8 Entertaiment 1,954. 1,954. 9 Other direct expenses 1,954. 1,954. 11 Net income summary. Subtract line 10 from line 3, column (d) -1,954. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull labs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 2 Cash prizes (a) Bingo (b) Pull labs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 3 Noncash prizes (a) Entert the state (s) in which the organization conducts gaming activities: (c) Other gaming (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 4 Rent/facility costs (b) No No No No No 7 Direct expenses summary. Add lines 2 through 5 in column (d) (c) Total gaming activities:	ses						
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9 Other direct expenses 1,954. 10 Direct expenses 1,954. 11 Net income summary. Add lines 4 through 9 in column (d) 1,954. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue (a) Bingo 2 Cash prizes (b) Pull tabs/instant 3 Noncash prizes (a) Enge 4 Rent/facility costs (b) Puse 5 Other direct expenses (c) Cother gaming 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Ē						
10 Direct expense summary. Add lines 4 through 9 in column (d) 1, 954. 11 Net income summary. Subtract line 10 from line 3, column (d) -1, 954. Part III Gaming. Complete if the organization answered "Yes" on Form 930, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue 1 Gross revenue 1 (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 2 Cash prizes 1 Gross revenue 1 Gross revenue 1 3 Noncash prizes 1 1 Gross revenue 1 1 4 Rent/facility costs 1 1 Gross revenue 1 1 5 Other direct expenses 1 1 Gross revenue 1 1 4 Rent/facility costs 1 1 1 1 1 1 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 1 1 1 1 9 Enter the state(s) in which the organization conducts gaming activities:				1 054			1 0 5 4
11 Net income summary. Subtract line 10 from line 3, column (d) -1,954. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 3 Noncash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 4 Rent/facility costs (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) through col. (c)) 5 Other direct expenses (b) Rent/facility costs (c) Pull tabs/instant (c) Pull tabs/instant 6 Volunteer labor No No No No (c) Pull tabs/instant 7							
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) through col. (c)) 3 Noncash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) through col. (c)) 4 Rent/facility costs (c) Other direct expenses (c) Other direct expense							
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gggggggggggggggggggggggggggggggggggg							
(a) Bingo bingo/progressive bingo (c) Other gaming coi. (a) through coi. (c) 1 Gross revenue			. , , ,	() 5	(b) Pull tabs/instant		(d) Total gaming (add
1 Gross revenue	nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1 Gross revenue	eve						
3 Noncash prizes	£	1	Gross revenue				
3 Noncash prizes							
5 Other direct expenses	S	2	Cash prizes				
5 Other direct expenses	ense						
5 Other direct expenses	ă	3	Noncash prizes				
5 Other direct expenses	Sct E		Popt/facility.costs				
6 Volunteer labor No Yes% Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d)	Dire	4					
6 Volunteer labor No Yes% Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d)		5	Other direct expenses				
6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)		Ť		Yes %	Yes %	Yes %	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:		6	Volunteer labor				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: b If "Yes," explain: 		7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: b If "Yes," explain: 							
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Yes No		8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Yes No	_	_					
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							
b If "Yes," explain:	L.	, 11	no, explain.				
b If "Yes," explain:							
b If "Yes," explain:	10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
232082 10-27-22 Schedule G (Form 990) 2022							
232082 10-27-22 Schedule G (Form 990) 2022							
		82 10)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	COALITION FOR	INTEGRITY, INC.	54-1688204 Page 3
11 Does the organization conduct		ers?	
		a member of a partnership or other entity for	
			Yes No
13 Indicate the percentage of gam			
		anization's gaming/special events books an	
	the person who prepares the org	Janization's gaming/special events books an	
Name			
Address			
15a Does the organization have a co	ontract with a third party from wh	nom the organization receives gaming reven	ue? Yes No
b If "Yes," enter the amount of ga	ming revenue received by the or	ganization \$ and	I the amount
of gaming revenue retained by t	the third party \$		
c If "Yes," enter name and addres	ss of the third party:		
News			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensatior	ו \$		
Description of services provided	t		
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
•		distributions from the gaming proceeds to	
retain the state gaming license?		distributed to other exempt organizations or	
organization's own exempt acti	•	distributed to other exempt organizations of	spent in the
		ations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provide any a	additional information. See instructions.	
232083 10-27-22			Schedule G (Form 990) 2022
		33	-

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Schedule G	

Part IV	Supplemental Information (continued)	
	Sc	hedule G (Form 990)

SC	SCHEDULE J Compensation Information			OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022)
	Compensated Employees			2022		
Dena	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to	Publ	ic
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspe		
Nan	ne of the organization			identificatio		mber
		COALITION FOR INTEGRITY, INC.	54-	168820	4	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe	ur, chei)			
h	If any of the bayes	on line to are shocked, did the organization follow a written policy reporting payment or				
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			····· Ľ		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
-	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant III Compensation survey or study				
	·	ther organizations I Approval by the board or compensation	committee			
		······································				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
contingent on the revenues of:						
						X
	b Any related organization?					X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingent on the net earnings of:						
а	a The organization?					X
b	b Any related organization?					x
		or 6b, describe in Part III.				
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		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 t	he			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?					<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2022

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Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(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)								
	(i)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

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) 2022

SCHEDULE O (Form 990) 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 \$146,500 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.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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Schedule O (Form 990) 2022	Page 2	
Name of the organization COALITION FOR INTEGRITY, INC.	Employer identification number $54-1688204$	
WITH THE PRESIDENT OR THE CHAIRMAN. EXCEPTIONS FOR SPECIAL	CIRCUMSTANCES	
MAY BE REQUESTED. THE BOARD REVIEWS THE POLICY AND DECLARE	POTENTIAL	
CONFLICTS REGULARLY. IN CASES WHERE A CONFLICT OF INTEREST	ARISES, THE	
BOARD MEMBER WITH A CONFLICT OF INTEREST IS ASKED TO RECUS	E 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 DECEMBER 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.

232212 10-28-22