						/EMBER 15	•			
	n	00	Return of C							OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527						ations	2020
Depa	rtment c	of the Treasury	Treasury Do not enter social security numbers on this form as it may be made public.							Open to Public
Intern	al Reve	nue Service				instructions and			<u> </u>	Inspection
<u>A</u> F	or the	1	ar year, or tax year beginn	ning JU.	N8,2	020 and	lending 1	DEC 31, 20		
	heck if	C Name of	f organization					D Employer ide	entifica	tion number
	⊐Addre					~~				
	chang Name		RESSIONAL INTE	GRITY	PROJE	JT		0 - 1	~ ~ <i>c</i>	0
	chang	e Doing b	usiness as					85-133		۷
	Initial return Final		and street (or P.O. box if ma		ered to street		Room/suite 269	E Telephone nu		100
	Ireturn. termin		CONNECTICUT A				209	571-31	0-0	1,000,907.
	ated ∖Amen		own, state or province, court INGTON, DC 20	ntry, and 211) 0 0 6	or foreign	postal code		G Gross receipts \$		
T	_return _Applic _tion		nd address of principal offic		HEBBT	G		H(a) Is this a gro for subordir	-	
- 23	pendi	20	AS C ABOVE			0		H(b) Are all subordin		
<u>і</u> т	ay.ey	empt status:	501(c)(3) X 501(c) ((4)	(insert no.)	4947(a)(1)	or 527			st. See instructions
			CONGESSIONALIN					H(c) Group exen		
			X Corporation Trust		ciation	Other 🕨	L Year			State of legal domicile: DC
		Summary					1 - 104		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	1	Briefly describ	be the organization's missior	n or most sid	nificant act	ivities: THE	CONGRE	SSIONAL I	NTE	GRITY
JCe			'S FOCUS IS TO							
Governance	2	Check this bo	x 🕨 🗌 if the organizat	ion disconti	nued its ope	erations or dispo	sed of more	than 25% of its ne	et asse	ts.
INC	3	Number of vo	ting members of the govern	ing body (Pa	art VI, line 1	a)			3	3
	4	Number of inc	dependent voting members	of the gover	ning body (Part VI, line 1b)			4	3
Activities &	5	Total number	of individuals employed in c	alendar yea	r 2020 (Par	t V, line 2a)			5	0
vitie	6	Total number	of volunteers (estimate if ne	ecessary)					6	4
Acti	7 a	Total unrelate	d business revenue from Pa	art VIII, colur	nn (C), line [·]	12			7a	0.
_	b	Net unrelated	business taxable income fro	om Form 99	0-T, Part I, I	ine 11	<u></u>		7b	0.
								Prior Year		Current Year
е	8	Contributions	and grants (Part VIII, line 1h	וו)						1,000,907.
Revenue	9	•	ice revenue (Part VIII, line 2g							0.
Rev			come (Part VIII, column (A),							0.
			e (Part VIII, column (A), lines							1,000,907.
			- add lines 8 through 11 (mi							<u> </u>
			milar amounts paid (Part IX,							0.
	45		to or for members (Part IX, o r compensation, employee b			(Λ) lines 5.10				0.
ses	16a		undraising fees (Part IX, colu							0.
Expenses	b		ing expenses (Part IX, colun			6,2				
EX	17		es (Part IX, column (A), lines		· · _					657,661.
			es. Add lines 13-17 (must eq							657,661.
			expenses. Subtract line 18							343,246.
ces								eginning of Current Y	ear	End of Year
Assets d Balanc	20	Total assets (F	Part X, line 16)							353,726.
t As Id Bi	21	Total liabilities	e (Part X, line 26)							10,480.
[Net Fund			fund balances. Subtract line	e 21 from lin	e 20					343,246.
	rt II	Signature								
			I declare that I have examined t		-				of my k	nowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other	than officer)	is based on a	II information of w	hich preparer	has any knowledge.		
		Cignotur	e of officer					Data		
Sigr		,						Date		
Her	е		HERRIG, EXECU	JTIVE I	DIRECTO	JR				
		7 31 1			roportal -1	atura	<u> </u>	Date Che	rk 🔽	7 PTIN
ר: ^ע		Print/Type pre	parer's name GRIFFITH		reparer's sigi Т мотну	GRIFFIT		1/11/21		
Paid Prep		Firm's name	► WIPFLI LLP	<u> 1</u>	THOTHI	GUTLLT	11]			<u>9-0758449</u>
Use			\sim 100 TRI-STAT	ידיאיז	RNATT	ONAL STE	300		J D	5 0150443
536	Sing		LINCOLNSHIRE		50069		200	Phone no	847	.941.0100
Mav	the II	RS discuss this	s return with the preparer sh			ctions			/	X Yes No
]										

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SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

X Yes No Form 990 (2020)

	1 990 (2020) CONGRESSIONAL INTEGRITY PROJECT rt III Statement of Program Service Accomplishments	Г 85-1339862 _F	Page 2
1 41	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE CONGRESSIONAL INTEGRITY PROJECT'S FOCUS	IS TO ROOT OUT HYPOCRISY	
	AND RESTORE INTEGRITY TO THE CONGRESSIONAL S		
2	Did the organization undertake any significant program services during the year which v	vere not listed on the	
-	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts,	, any program services? Yes 🛛	🛾 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three large		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	s and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 501,364. including grants of \$ ROOTING OUT HYPOCRISY AND RESTORING INTEGRIT) (Revenue \$) Y TO THE CONCRESSIONAL	
	SYSTEM.	T TO THE CONGREDDIONAL	
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 \$)	
	Total program service expenses ► 501,364.	Form 990	(000-

12291111 147695 515256

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 Form 990 (2020)
 CONGRESSIONAL INTEGRITY PROJECT

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		├───
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> 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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		_ <u></u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	(2020)
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Form	990	(2020)
FUIII	330	120201

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domostic individuals on		res	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		- 23
25	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II	21		- 23
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			v
~ ~	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	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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		
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 in Schedule O for Part VI, lines 11b and 19?			
	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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
0005-	(gambling) winnings to prize winners?		990	 (2020)
032004	12-23-20	Form	550	(2020)

Form 990					
Part V	St	atements Regarding Other IRS F	ilings 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	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter tax she			5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			0		х		
L	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		~		
a	If "Yes," did the organization include with every solicitation an express statement that such contributi			6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the pavor?	7a				
a b				7a 7b				
c c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired					
U	to file Form 8282?			7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	·	•	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:		1					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:		1					
а		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		10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a				
a	Note: See the instructions for additional information the organization must report on Schedule O.			154				
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b	1					
с	Enter the amount of reserves on hand	13c						
			1	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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CONGRESSIONAL INTEGRITY PROJECT

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

85-1339862 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	1 a		3							
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with an	y other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X					
6	Did the organization have members or stockholders?					X					
7a	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, si										
	persons other than the governing body?			7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
o a	The governing body?	5	0	8a	x						
_	Each committee with authority to act on behalf of the governing body?				X						
b				uo	<u></u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x					
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9							
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)			T					
					Yes						
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the for	m? 11 a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflic	:ts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," des	cribe								
	in Schedule O how this was done			120	Х						
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?					X					
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,									
а	The organization's CEO, Executive Director, or top management official			15a		x					
	Other officers or key employees of the organization					x					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	าล								
iou				16a		x					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua										
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-								
				16b							
Ser	exempt status with respect to such arrangements?	<u></u>	<u></u>								
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T	(Section 50	1(c)(3)s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other <i>(explair</i>										
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest polic	cy, and fina	ncial						
19	statements available to the public during the tax year.										
19	State the name, address, and telephone number of the person who possesses the organization's books and records										
19 20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and r									
	State the name, address, and telephone number of the person who possesses the organization's book KYLE HERRIG - $571 - 310 - 6199$										
	State the name, address, and telephone number of the person who possesses the organization's book KYLE HERRIG - $571 - 310 - 6199$	oks and r			m 990						

Form 990 (2020)	CONGRESSIONAL INTEGRITY PROJECT	85-1339862	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	edule O contains a response or note to any line in this Part VII		
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employ	yees	
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's	s tax year.
 List all of the organ 	ization's current officers, directors, trustees (whether individuals or organ	nizations), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRAD WOODHOUSE	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) HAYLAY MATZ MEADVIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) MELANIE SLOANE	1.00									
MEMBER		Х						0.	0.	0.
		-								
		-								
		-								

8

Form 990 (2020)

	990 (2020) CONGRESS	IONAL IN	ITE	GR	IT	Ϋ́	PR	OJ	JECT	85-13	3398	862	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	Pos heck i ss per	more rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate nizatio	e ion ed
			-											
			-											
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th					 a) wh	o re	-	000 of reportable	-			0.
_	compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,					0
-											ſ		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•			Ŭ	• •			3		х
4	For any individual listed on line 1a, is the su										····			
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	-				-			-					
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch ı	bers	on .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								oensat	ion fro	m	
	(A)	ne calendar ye	ar e	nun	ig w				(B)	ear.		(C	;)	
	Name and business								Description of s	ervices	С	omper		1
	KNICKERBOCKER LLC, 115		ST	,	NW				COMMUNICATIO	NS				~ 4
	TE 800, WASHINGTON, DC TER STRATEGIC CONSULTIN							_	CONSULTING			23	1,30)4.
	BOX 151424, CHEVY CHAS		08	15					STRATEGIC CO	NSULTING		12	5,00	00.
	·													
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t		se lis 2	ted	above) who received me	ore than				
												Form	9 90 (2	2020)

		(2020) CONGRESSIONAL INTEGR	ITY PROJECT		85-1339	862 Page 9
Pa	rt VI	II Statement of Revenue				
		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt		Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
ts t	1 a	Federated campaigns				
nu	k	Membership dues 1b				
ΩĘ						
Contributions, Gifts, Grants and Other Similar Amounts			-			
ia Gi	C		-			
js,	e	3 1 1 1 1	_			
ī S	f	All other contributions, gifts, grants, and				
he		similar amounts not included above If 1,000,907	7.			
ΘĘ	ç					
u o u	2		1,000,907.			
O a	r					
		Business Coo	de			
ě	2 8	۱				
ž	k					
Ser						
am Ser						
a Be	C	l				
Program Service Revenue	e					
ā	f	All other program service revenue				
	3	Investment income (including dividends, interest, and				
	Ŭ					
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	►			
	5	Royalties				
		(i) Real (ii) Persona	al 🛛			
	6 a	Gross rents 6a				
			-			
	k		-			
	c	Rental income or (loss) 6c				
	c	Net rental income or (loss)	►			
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
		Less: cost or other basis				
	L L					
evenue		and sales expenses 7b	_			
vei	c	Gain or (loss) 7c				
	c	Net gain or (loss)				
Other R		Gross income from fundraising events (not				
Æ	-	including \$ of				
0						
		contributions reported on line 1c). See				
		Part IV, line 18 8a	_			
	k	Less: direct expenses 8b				
		Net income or (loss) from fundraising events	►			
		Gross income from gaming activities. See				
	"					
		Part IV, line 19	_			
	k					
	c	Net income or (loss) from gaming activities	►			
	10 a	Gross sales of inventory, less returns				
		and allowances10a				
		• • • • • • • • • • • • • • • • • • • •				
	0	Net income or (loss) from sales of inventory				
<i>"</i>		Business Coo	de			
snc	11 a	ı [
an Uec	k					
ellaneo evenue						
e ce						
Miscellaneous Revenue	(All other revenue				
~	e	Total. Add lines 11a-11d	►			
	12	Total revenue. See instructions	▶ 1,000,907.	0.	0.	0.
03200	9 12-2		•			Form 990 (2020

032009 12-23-20

Form 990 (2020)

 Form 990 (2020)
 CONGRESSIONAL
 INTEGRITY
 PROJECT

 Part IX
 Statement of Functional Expenses
 Formation of Functional Expenses
 Formation of Functional Expenses

	Check if Schedule O contains a respons				X
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21				
2 Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
indi	ividuals. See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
trus	stees, and key employees				
	npensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages				
	ision plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
	ner employee benefits				
	vroll taxes				
	es for services (nonemployees):				
	nagement				
	jal	16,637.		16,637.	
	counting				
	bying				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A) amount, list line 11g expenses on Sch O.)	294,840.	229,215.	59,375.	6,250
	vertising and promotion				
	ice expenses	4,064.		4,064.	
	prmation technology	20,900.	20,900.	_,	
	yalties	20,0000	20,75001		
1 0 000 1 7 Tra					
-	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
	nferences, conventions, and meetings				
	erest				
	ments to affiliates				
	preciation, depletion, and amortization	3,244.		3,244.	
		J,244•		5,244.	
4 Othe abo	er expenses. Itemize expenses not covered ve (List miscellaneous expenses on line 24e. If				
line	24e amount exceeds 10% of line 25, column (A)				
	ount, list line 24e expenses on Schedule 0.)	241 667	175,000.	66 667	
	NTRACT SERVICES	241,667.		66,667.	
	DLLING AND FOCUS GROUP	40,000.	40,000.		
	DIA EXPENSES	35,404.	35,404.		
	JES AND SUBSCRIPTIONS	<u>845.</u> 60.	845.	<u> </u>	
	other expenses		E01 264	60.	6 250
	al functional expenses. Add lines 1 through 24e	657,661.	501,364.	150,047.	6,250
	nt costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Cheo	ck here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form 990 (2020)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

CONGRESSIONAL INTEGRITY PROJECT

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

(A) Beginning of year (B) End of year 353,726. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 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 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 0. 353,726. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 10,480. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 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 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 10,480. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔀 and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 0. 343,246. 31 Retained earnings, endowment, accumulated income, or other funds 31 343,246. Total net assets or fund balances 0. 32 32 0. 353,726. 33 Total liabilities and net assets/fund balances 33

12291111 147695 515256

Form	orm 990 (2020) CONGRESSIONAL INTEGRITY PROJECT 85-1339862 Page 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	1,00					
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,6				
3	Revenue less expenses. Subtract line 2 from line 1	3	343	3,2	46.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.			
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	34:	3,2	46.			
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					x			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L			

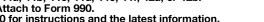
Form **990** (2020)

SCHEDULE D)
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Department of the Treasury

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Internal Revenue Service Name of the organization

CONGRESSIONAL INTEGRITY PROJECT

Employer identification number 85-1339862

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring			
Par	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax			
	year ►					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year			
	► \$					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r				
•						
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ints that describes the			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Otl	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		ad balance sheet works			
14	of art, historical treasures, or other similar assets held for put	· · ·				
	· · · · · · · · · · · · · · · · · · ·		·			
b	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					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
			N .			
2	If the organization received or held works of art, historical tree					
-	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020			
	12-01-20					

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Sche		SIONAL INT						85-13	39862	2 P	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other	Simila	r Assets	contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following that	t make sig	gnificant u	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	i 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	he organizatic	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical trea	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered '	"Yes" on I	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	is or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table:							
									Amount	:	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Ра	rt V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo							
		(a) Current year	(b) F	Prior year	(c) Two year	rs back 🛛 🕻	(d) Three y	/ears back	(e) Four	years	back
1a	o o ,										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	red for the	e organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations 3a(i)										
	(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b										
-									3b		
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment 1	tunds.							
ιa				/ line 11 - C							
	Complete if the organization answered								(-1) D1		
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	.,	cumulate preciation	a	(d) Bool	k valu	е
4.0	Lond		nong	54315		uep					
	Land										
b	3										
C d											
d	• • • • • • • • • • • • • • • • • • • •										
-	Other I. Add lines 1a through 1e. <u>(Column (d) must e</u>		V and	nn (P) /: 1	(00)						0.
1010		<u>quai roini 990, Part</u>	<u>, coiun</u>	<u>ша (р). Ште Т</u>	<u>vo.</u> ,			Schedule	D (Form	n 990)	

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Schedule D (Fo	rm 990) 2020	CONGRESSIONAL	INTEGRITY	PROJECT	
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Ves" on Form 990 Part IV line 11d See Form 990 Part X line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	Iumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Uther Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.		(b) Book value
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) F	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fr (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 CONGRESSIONAL INTEGRITY	PROJECT	85-1	339862 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,000,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,000,907.
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			0.
			5	1,000,907.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,000,007.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen		l.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen		l.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense e 12a.	ses per Return	657,661.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expense e 12a.	ses per Return	l.
Pa	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	e 12a.	ses per Return	l.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a.	ses per Return	l.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tements With Expense e 12a.	ses per Return	l.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	tements With Expense e 12a. 2a 2b 2c	ses per Return	l.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Return	0. 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	l.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	0. 0.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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	2a 2b 2b 2c 2d 2d	ses per Return	0. 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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	2a 2a 2b 2c 2d 2d	ses per Return	0. 0.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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.)	2a 2b 2c 2d 2d	1 1 2e 3	0. <u>657,661.</u> 0. <u>657,661.</u> 0.
Pa 1 2 a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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.)	2a 2b 2c 2d 2d	1 1 2e 3 4c	0. 0.

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.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



CONGRESSIONAL INTEGRITY PROJECT

Employer identification number 85-1339862

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE CONGRESSIONAL SYSTEM

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

EACH BOARD MEMBER IS GIVEN A CHANCE TO COMMENT ON THE 990 BEFORE IT IS

FILED.

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

DIRECTORS AND OFFICERS SHALL DISCLOSE TO THE BOARD ANY FINANCIAL INTEREST

THAT THE DIRECTOR OR OFFICER DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR

ENTITY THAT IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD.

THE INTERESTED DIRECTOR OR OFFICER SHALL ABSTAIN FROM VOTING ON THE

TRANSACTION.

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

THE FINANCIAL INFORMATION OF THE ORGANIZATION IS AVAILABLE UPON REQUEST.

RESEARCH CONSULTING:	
PROGRAM SERVICE EXPENSES	169,840.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,840.

MANAGEMENT CONSULTING:

PROGRAM SERVICE EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

<u>59,375.</u>

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization CONGRESSIONAL INTEGRITY PROJECT	Page 2 Employer identification number 85-1339862
MANAGEMENT AND GENERAL EXPENSES	59,375.
FUNDRAISING EXPENSES	6,250.
TOTAL EXPENSES	125,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COI	A 294,840.
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	CONGRESSIONAL INTEGRITY PROJECT	85-1339862
Organization type (ch	eck one):	-
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(4) (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

X 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

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 or 990-EZ), 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 $e_{xclusively}$ 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 $e_{xclusively}$ 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 $e_{xclusively} = 1000 \text{ s}^{-1}$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or	990-PF) ((2020))
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Name of	organization
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Page **2**

Employer identification number

85-1339862

CONGRESSIONAL INTEGRITY PROJECT

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
<u> 1</u>	<u>N/A</u>	\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZI P + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZI P + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.05000 CONGRESSIONAL INTEGRITY P 515256_1

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Schedule B	(Form	990,	990-EZ,	or	990-PF) ((2020))
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Name	of	organization
I VALLIC		organization

Page 3

Employer identification number

CONGRESSIONAL INTEGRITY PROJECT

85-1339862

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part | (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part | \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of o	rganization	Employer identification number		
CONGRI	ESSIONAL INTEGRITY PROJ	RCT	85-1339862	
Part III		ions to organizations described in s) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year	r
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_
l	(e) Transfer of gift			
	Transferee's name, address, and 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	—
—				
	(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	—
(-) No				•
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	—
—				
	(e) Transfer of gift			
	Transferee's name, address, and 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	—
	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)