efile	e GF	RAPHIC	print - DO NOT PRO	CESS	As Filed Data	-				DLN	l: 93	493268013369		
Form	qc	20	Return	of Or	ganization	Exempt I	From	Incol	me	Тах		DMB No 1545-0047		
Form •			Under section 501(c),		-	-					s)	2018		
-19			► Do not	enter soc	al security number	rs on this form	as it ma	ay be mad	e pu	blic				
Departi Treasui Interna	٦	of the enue Service	► Go to <u>wv</u>	vw.irs.go	ov/Form990 for i	nstructions a	nd the	latest inf	orma	ation.		Open to Public Inspection		
			ı alendar year, or tax ye	ar begir	nning 01-01-2018	, and endin	g 12-3	1-2018						
		applicable	C Name of organization Foundation for Governme	nt						D Employer I	dentıf	ication number		
Add Add Na		change	Accountability Inc							45-263750	7			
	□ Initial return		Doing business as											
		rn/terminated								E Telephone n	umber			
		d return Ion pending	Number and street (or P 15275 Collier Blvd Suite 2		hail is not delivered to	street address)	Room/su	ite		(239) 244-				
p	Sincure	ion ponding	City or town, state or pro	vince, cou	ntry, and ZIP or foreig	n postal code				(235) 244	0000			
			Naples, FL 34119							G Gross receip	ts \$ 9,	424,541		
			F Name and address of	f principa	al officer			H(a) Is	s this	a group returr	n for			
			Tarren Bragdon 15275 Collıer Blvd Suıt	e 201-27	9					inates?		🗌 Yes 🗹 No		
			Naples, FL 34119						re all Iclude	subordinates ed?		□ Yes □No		
I Tax	(-exe	mpt status	☑ 501(c)(3) □ 501	(c) () ┥	(Insert no) 🛛 49	47(a)(1) or 🛛	527			" attach a list	•	,		
J W	ebsi	te:► htt	os //www thefga org/					H(c) G	roup	exemption nu	mber	•		
K Farr		raanizatio	Corporation D Trust	. 🗌 🗛				L Year of f	orma	tion 2011 M	State	of legal domicile FL		
N Forn		aganization		. 🗀 ASSO										
Pa	rt I		mary											
	1	Briefly de To formul	scribe the organization's ate and promote public p	mission c olicies ba	or most significant a ised on the principle	activities es of transpare	ncy, the	e free mar	ket, i	Individual freed	lom, a	and limited		
сe			onal government											
nan														
ven														
Activities & Governance	2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a)											6		
×ර		4 Number of independent voting members of the governing body (Part VI, line 1a)										5		
tte.	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)										4	29		
Str		6 Total number of volunteers (estimate if necessary)										0		
Ă	7a	Total uni	elated business revenue	s revenue from Part VIII, column (C), line 12							7a	0		
	b	Net unre	elated business taxable income from Form 990-T, line 34								7b	0		
									Pric	or Year		Current Year		
đ	8	Contribu	ions and grants (Part VII)			6,657,819		9,348,534					
enneven		-	service revenue (Part VII		00		0							
Rại				come (Part VIII, column (A), lines 3, 4, and 7d)								74,763		
			venue (Part VIII, column (,	- 17)			0 6,675,803		1,244 9,424,541		
			enue—add lines 8 throug nd similar amounts paid (•		1.1.	e 12)			191,000				
			paid to or for members (•						191,000		0		
s			other compensation, em						2,410,777			3,865,648		
JSe			nal fundraising fees (Par							0		0		
Expenses	Ь	Total fund	raising expenses (Part IX, co	lumn (D),	line 25) ►160,741									
ă	17	Other ex	penses (Part IX, column (A), lines	11a-11d, 11f-24e))				3,305,804		4,024,507		
	18	⊤otal exp	enses Add lines 13-17 (must equ	ual Part IX, column	(A), lıne 25)				5,907,581		7,890,155		
	19	Revenue	less expenses Subtract	lıne 18 fr	om line 12		•			768,222		1,534,386		
Net Assets or Fund Balances								Begini	ning	of Current Year		End of Year		
alar	20	Total ass	ets (Part X, line 16) .							2,292,488		4,331,378		
Md B			ulities (Part X, line 26)							190,490		741,170		
Ϋ́, Ϋ́	22	Net asse	s or fund balances Subt	ract line	21 from line 20 .					2,101,998		3,590,208		
Pa		<u> </u>	ature Block											
			erjury, I declare that I ha f, it is true, correct, and											
any k				Jempiere					0					
		*****	*						2019	9-09-25				
Sign		Signat	ure of officer						Date					
Here	1	Tarrer	Bragdon Chief Executive Off	icer										
			r print name and title											
			'rınt/Type preparer's name		Preparer's signatur	e		ate 019-09-25	Cher	ck I if PTIN)49760)		
Paic		Ļ					2		self-	employed				
Pre		ei	irm's name 🕨 Rogers & Co	ompany PL					Firm	ı's EIN ► 58-267	o∠61			
Use	Or	יוע ןקען	irm's address ► 8300 Boone	Boulevard	Suite 600				Pho	ne no (703) 893	-0300			
			Vienna, VA	22182										

May the IRS discuss this return with the preparer shown above? (see instructions)	•	•	•	•	•	•		•	🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.			Ca	at No	5 11	.282	Y		Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	organization's mission		· ·		
	oundation's mission is ed constitutional gover		note public polici	es based on the princip	les of transparency, the free mark	et, ındıvıdual freedom, and
2	Did the organization	undertake any significa	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	🗌 Yes 🗹 No				
		ese new services on Scl				
3	Did the organization services?	🗹 Yes 🗌 No				
	If "Yes," describe the					
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	1,682,389	including grants of \$) (Revenue \$	0)
	See Addıtıonal Data					,
4b	(Code) (Expenses \$	3,515,079	including grants of \$) (Revenue \$	0)
	See Addıtıonal Data					
4c	(Code) (Expenses \$	2,075,109	including grants of \$) (Revenue \$	0)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O)			
	(Expenses \$	inc	udıng grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses 🕨	7,272,5	77		

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
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		No
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	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🛸	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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 ² If "Yes," complete Schedule D, Part IV 🕱	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😒	11b		No
	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		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸 .	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		
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	20b 21		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		No
		F	orm 99	0 (2018)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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? \ldots .	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
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		No
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		No
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	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	V	
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 60		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form	990 (2018)
2a	Enter the number of e

Page	5

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										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2Ь	Yes								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No							
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No							
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No							
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b									
	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No							
	If "Yes," indicate the number of Forms 8282 filed during the year										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		No No							
Ť	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8									
9a	Did the sponsoring organization make any taxable distributions under section 4966? . $$. $$.	9 a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b									
10	Section 501(c)(7) organizations. Enter										
а	Initiation fees and capital contributions included on Part VIII, line 12										
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										
а											
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a									
	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										
	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No							
		· ·									

orm	990 (2018)			Page
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to i	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
L	members of the governing body?	7a 7b		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	70		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	í
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	1
b	Other officers or key employees of the organization	15b		No
	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 arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
6.	ction C. Disclosure	16b		<u>i</u>
<u>se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed►			
	AR , CT , FL , GA , IL , NJ , NY , NC , VA ,	WA , W	'I	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply			

L	_ Own website	📙 Another's website	🗹 Upon request	📙 Oth	er (explaın ın Schedule C	D)
---	---------------	---------------------	----------------	-------	---------------------------	----

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Mission First Operations 164 Concord Meeting Road Glen Mills, PA 19342 (610) 883-0566

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t ch unle: ficei	ss per: r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Robert Levy Director	3 00	х						o	0	0
(2) Andrea Forrest Brock Director	3 00	х						0	0	0
(3) Bridgett Wagner Director	3 00	х						0	0	0
(4) Robert Harden Director	3 00	х						O	0	0
(5) Betty Neighbors Director	3 00	х						0	0	0
(6) Tarren Bragdon CEO	38 00	х		x				328,145	0	16,438
(7) Jonathan Bechtle COO & General Counsel	36 00			x				250,780	0	12,570
(8) Kristina Rasmussen VP of Federal Affairs	40 00					×		268,252	0	13,349
(9) Chad Goote VP of Advancement	40 00					x		242,679	0	11,820
(10) Jonathan Ingram VP of Research	40 00					×		193,858	0	9,379
(11) Robin Walker Director of Federal Affairs	40 00					×		196,622	0	9,517
(12) Christie Herrera VP of State Affairs and Policy	40 00					x		186,011	0	8,987
										Form 990 (2018)

Par	It VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c ıs b	ne b	ox, u n off	t ch inle: ficer	eck mo ss pers r and a :ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensatio from related organizations (2/1099-MISC	w-	(F) Estima amount o compens from f organizati	ited f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-0130	.,	organizati	ed
								-					
	ub-Total				•	•							
	otal (add lines 1b and 1c) .	•					► ►		1,666,347		0		82,060
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov	e) who	o rece	eived more than \$1	00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey ei	mple	oyee, (or hig	ghest compensated	employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable (n the	3		No
5	Individual		• •	• uon fi	•	• >nv	unrel	• •	organization or indi	vidual for	4	Yes	
5	services rendered to the organization								-		5		No
	ction B. Independent Contract												
1	Complete this table for your five high from the organization Report compe										mpen	sation	
	Name a	(A) and business addre	:55						Desc	(B) ription of services		(C Compen	
	Disney World Swan & Dolphin								Policy confe	rence			283,914
Lake I	Epcot Resorts Blvd Buena Vista, FL 32630												175.044
14750	ox Visual Design								Video produ	ction			175,941
	field, WI 53005 vood Solutions Inc								Research				135,130
	nstitution Dr Suite 1A rd, NH 03110												
	dge LLC								Marketing				126,814
	Clarendon Blvd Suite 901 ton, VA 22201												
Strat	AD LLC								Consulting				120,000

7962 Guadiana Way Ave Maria, FL 34142

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 6

Form	۵۵۸	(2018)	
FOITIN	390	(2010)	

Statement of Revenue

Part VIII

	Ch	eck if Schedul	e O contains	a respo	onse or n	iote to any	/ line in this	Part VIII	• •	• •	• •		•	🗆
							(A) Total reve	enue	e fu	(B) lated or xempt unction evenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514
	1a Feder	ated campaig	ns	1a						-venue				512 514
nts		pership dues		1 b										
5ra 10u		aising events		1c										
An S, C		ed organizatio		1d										
lar Iar		nment grants (co												
s, (mi				1e										
Contributions, Gifts, Grants and Other Similar Amounts	f All oth and si above	er contributions, milar amounts n	, gifts, grants, ot included	1f		9,348,534								
d Ot		ash contributio ≥s 1a - 1f \$												
a C	h Total	. Add lines 1a	-1f	• •		•		348,534						-
Program Service Revenue	2a					Busines	s Code							
57.7				-										
τ Η Η	b ———													
rMC	с ——													
ઝે	d ———													
ram	e —													
rogi	T All oth	er program se	rvice revenue		-									
٩	9 Total. /	Add lines 2a–2	2f	•	▶		-							
		ient income (ii imounts)			nterest,	and other		74,76	3					74,763
		from investme			ond proc	eeds i			+					
	5 Royaltie						•							
	·		(I) Rea			Personal								
	6a Gross i	rents												
	b Less r	ental expenses					-							
	c Rental	income or					-							
	(loss) d Net re	ental income o	r (loss)			• •								
			(I) Securi			Other								
	7a Gross a from sa assets c	les of other												
	than inv b Less c other b						_							
		xpenses					-							
		ain or (loss) .				•	-							
<u>e</u>	(not in			of			1							
Other Revenue	See Pa	utions reporte art IV, line 18	· · · ·	a										
ď		lirect expense		L										
her		ome or (loss)			ents .	• •								
õ	See Pa	ncome from g art IV, line 19	aming activit	ļ										
	b Less	lirect expense	s	a b			-							
	c Net inc	ome or (loss)	from gaming	activiti	ies .	• •								
		sales of invent and allowand												
	b Less o	ost of goods s	sold	a b										
		ome or (loss)		Invent										
ļ		Miscellaneous	Kevenue		Busin	ess Code 90009	0	1 74						
	11a _{Other}	revenue				90009	2	1,24	"					1,244
	Ь								\top					
	с													
		er revenue .							1					
		Add lines 11a			• •	•		1,24	4					
	12 Total	r evenue. See	Instructions	• •	• •	• •		9,424,54	1		0		0	76,007

Form **990** (2018)

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 🔒						
check if Schedule O contains a response of note to any fine in this Fait in .						

Check if Schedule O conta	ains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported 7b, 8b, 9b, and 10b of Part VIII.	on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
 Grants and other assistance to d domestic governments See Part 			expenses	general expenses	
2 Grants and other assistance to d Part IV, line 22	omestic individuals See				
3 Grants and other assistance to for governments, and foreign individual and 16					
4 Benefits paid to or for members	E E E E E E E E E E E E E E E E E E E				
5 Compensation of current officers key employees	, dırectors, trustees, and	607,933	558,682	30,995	18,256
6 Compensation not included abov defined under section 4958(f)(1) section 4958(c)(3)(B)) and persons described in				
7 Other salaries and wages	F	2,867,136	2,650,602	132,179	84,355
8 Pension plan accruals and contril (k) and 403(b) employer contrib		165,254	133,757	24,528	6,969
9 Other employee benefits	[2,312		2,312	
10 Payroll taxes	[223,013	209,504	8,878	4,631
11 Fees for services (non-employee	s)				
a Management	. [
b Legal	[12,271	5,779	6,492	
c Accounting	[34,328		34,328	
d Lobbying	[
e Professional fundraising services	See Part IV, line 17				
f Investment management fees	[
g Other (If line 11g amount exceed (A) amount, list line 11g expension		2,024,322	2,003,029	19,393	1,900
12 Advertising and promotion .	🛛 🗍	70,624	69,874	750	
13 Office expenses	[252,125	181,522	64,484	6,119
14 Information technology	[8,264	7,914	350	
15 Royalties					
16 Occupancy	[47,261	1,800	45,461	
17 Travel	[621,166	584,337	15,322	21,507
18 Payments of travel or entertainm federal, state, or local public offi		149,911	149,911		
19 Conferences, conventions, and n	neetings	619,134	597,832	5,671	15,631
20 Interest	[
21 Payments to affiliates	[
22 Depreciation, depletion, and amo	prtization	8,884		8,884	
23 Insurance	F	18,422	26	18,396	
24 Other expenses Itemize expenses miscellaneous expenses in line 2 exceeds 10% of line 25, column expenses on Schedule O)	4e If line 24e amount				
a Subscriptions	Ī	150,140	112,016	38,088	36
b License and permits		7,655	5,992	326	1,337
c					
d					
e All other expenses					
25 Total functional expenses. Ad	d lines 1 through 24e	7,890,155	7,272,577	456,837	160,741
26 Joint costs. Complete this line of reported in column (B) joint cost educational campaign and fundrational campaign and	only if the organization is from a combined				
Check here ► 🗍 If following S	-				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	• •		316,358	1	649,974
	2	Savings and temporary cash investments .			1,883,475	2	555,187
	3	Pledges and grants receivable, net				3	100,000
	4	Accounts receivable, net	•		23,469	4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disguali	nployees Complete		5		
S		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use		•		8	
	9	Prepaid expenses and deferred charges	· ·	· · ·	23,633	9	23,144
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	51,712			
	b	Less accumulated depreciation	10b	26,534	20,769	10c	25,178
	11	Investments—publicly traded securities .				11	1,526,184
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	. 11			13	
	14	Intangible assets	•			14	
	15	Other assets See Part IV, line 11	24,784	15	1,451,711		
	16	Total assets. Add lines 1 through 15 (must equ	34)	2,292,488	16	4,331,378	
	17	Accounts payable and accrued expenses	190,490	17	741,170		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		[20	
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25			190,490	26	741,170
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			2.026.998	27	3,315,208
ala				-	75,000	28	275,000
ä	28 29	Temporarily restricted net assets	•	· · · · · · -	75,000	28	273,000
unc	29	•				29	
		Organizations that do not follow SFAS 117					
Assets or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds			30		
ets	31	Paid-in or capital surplus, or land, building or ed				31	
lss	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			2,101,998	33	3,590,208
Net	34	Total liabilities and net assets/fund balances			2,292,488	34	4,331,378
			•		_,,	- •	

Form **990** (2018)

Form	990	(2018)
Par	t XI		Rec

					Tage IE
Pa	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	,424,541
2	Total expenses (must equal Part IX, column (A), line 25)	2			,890,155
3	Revenue less expenses Subtract line 2 from line 1	3			,534,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,101,998
5	Net unrealized gains (losses) on investments	5			-46,176
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,590,208
Pa	t 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 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both	basıs,			
	Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin- Audit Act and OMB Circular A-133?	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

Additional Data

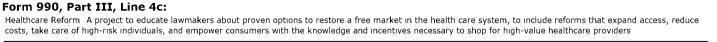
Software ID: Software Version: EIN: 45-2637507 Name: Foundation for Government Accountability Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Freedom To Work work is the key to breaking free from dependency, but government regulations on jobs make it hard for people to get a job and earn a living especially those in poverty. This project breaks down these barriers by promoting work and lessening the burdens from opportunity-killing regulations like occupational licensing, unleashing the freedom to work.





efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493268013369
SC	HED	ULE A		Public	Charity Statu	s and Pul	blic Supp	ort	OMB No 1545-0047
	·m 99		Con		rganization is a sect				2018
990]	EZ)				4947(a)(1) nonexe ► Attach to Form	empt charitable	e trust.		2010
Denar	tment of	f the Treasury		► Go to	www.irs.gov/Form				Open to Public
Intern	al Rever	nue Service he organiza	tion					Employer identifi	Inspection
Found	lation fo	or Government	cion						
	ntability rt I		for Public	Charity Stat	us (All organization	s must comple	te this part) (45-2637507	
					e it is (For lines 1 thro		/		
1		A church, c	onvention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperat	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)((iii).	
4		A medical r	esearch orga	nızatıon operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii).	Enter the hospital's
		name, city,	and state _						
5			ation operate (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
6					r governmental unit de	scribed in section	on 170(b)(1)(4	λ)(v).	
7	\checkmark			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	init or from the gene	al public described in
8					n 170(b)(1)(A)(vi)	(Complete Part I	II)		
9					escribed in 170(b)(1) See instructions Enter				lege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer aess taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	
11		An organiza	ation organize	ed and operate	d exclusively to test fo	r public safety S	See section 509	(a)(4).	
12		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
а		Type I. A s organizatio	supporting or n(s) the pow	ganization opei	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by	
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
С					supporting organizatio				ated with, its
d		Type III n functionally	on-function integrated	ally integrate	ions) You must com d. A supporting organi in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wirequirement and	th its supported orga	
е		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		/pe I, Type II, Type I	II functionally
f	Enter	. .		organizations		Junior			
g				on about the s	upported organization(s)		•	•
	(i) î	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? m		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Not		nstructions for	Cat No. 1128		 Cabadula A (Earma (90 or 990-E7) 2018

1

2

3

4

5

6

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 Part II (b)(1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 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.) Section A. Public Support Calendar year (d) 2017 (e) 2018 (a) 2014 (b) 2015 (c) 2016 (f) Total (or fiscal year beginning in) ► Gifts, grants, contributions, and 4,043,477 3,573,449 4,516,590 6,657,819 9,348,534 28,139,869 membership fees received (Do not include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,043,477 3,573,449 4,516,590 6,657,819 9,348,534 28,139,869 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 15,242,666 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 12,897,203 from line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) 7 4.043.477 3,573,449 4,516,590 6,657,819 9.348.534 28,139,869 Amounts from line 4 Gross income from interest, 8 dividends, payments received on 295 3,730 17,984 74,763 96,986 214 securities loans, rents, royalties and income from similar sources Net income from unrelated business q activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 1,244 1,244 assets (Explain in Part VI) 11 Total support. Add lines 7 through 28,238,099 10 12 Gross receipts from related activities, etc. (see instructions) 12 383,287 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here \ldots \ldots \ldots \triangleright \triangleright Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 45 670 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 52 930 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b box and **stop here.** The organization gualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported ▶ 🗆 organization

b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

▶□

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

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

54	ection A. Public Support	quality and cr		below, please ee		/	
	Calendar year						
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	performed, 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 business						
	under section 513						
4	Tax revenues levied for the						
	organization'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 disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) 🕨	(4) 2011	(0) 2020	(0) 2010	(4) 2017	(0) 2020	(1) 10101
9							
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						
~	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	rganızatıon,
	check this box and stop here						▶□
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•			16	
-	ection D. Computation of Invest		-	luna 10. a-luuru (f			
17	Investment income percentage for 201	18 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 2					18	
19a	331/3% support tests-2018. If the	organization did n	ot check the box	on line 14, and lin	ie 15 is more than	1 33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s						
b		-					3% and line 18 is
U	••	-					
	not more than 33 1/3%, check this box	and stop nere.	me organization	quaimes as a publ	iciy supported org	anization	·
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check			
					Cahadul	a A (Earm 000 a	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2018

Pai	t IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	governing body of a supported organization?				
b	A family member of a person described in (a) above?	11b			
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	ation B. Tona I Comparison Anna signations				

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax				
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

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

2 Activities Test Answer (a) and (b) below.

1

ē	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
Ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	involvement	2b	
	Devent of Supported Overspirations, Answer (a) and (b) helew		

- **3** Parent of Supported Organizations **Answer (a) and (b) 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? *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

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)				
Section D - Distributions			Current Year				
 Amounts paid to supported organizations to accomplish 	exempt purposes						
2 Amounts paid to perform activity that directly furthers excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt pu							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval require	ed)						
6 Other distributions (describe in Part VI) See instruction	ons						
7 Total annual distributions. Add lines 1 through 6							
 8 Distributions to attentive supported organizations to we details in Part VI) See instructions 	nich the organization is respon	sive (provide					
9 Distributable amount for 2018 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
Distributable amount for 2018 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions							
3 Excess distributions carryover, if any, to 2018							
a From 2013							
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>							
d From 2016							
e From 2017.							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2018 distributable amount							
 Carryover from 2013 not applied (see instructions) 							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2018 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
b Applied to 2018 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions							
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions							
7 Excess distributions carryover to 2019. Add lines 31 and 4c							
8 Breakdown of line 7							
a Excess from 2014							
b Excess from 2015							
<u>c</u> Excess from 2016							
d Excess from 2017							
	I	í	í				

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: Software Version:

EIN: 45-2637507

Name: Foundation for Government Accountability Inc

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

Facts And Circumstances Test

efi	le GRAPHIC pri	nt - DO NOT I	PROCESS As Filed Data -			DI	LN:	93493268	013369
SC	HEDULE C	P	olitical Campaign and	Lobbying /	Activit	ies		OMB No 1	.545-0047
	rm 990 or 990-		ations Exempt From Income Tax				27	20	18
	Pepartment of the Treasury ternal Revenue Service Ser					Open to Inspe	o Public ection		
• S • S • S • S • S • S • S • S • S • S	Section 501(c)(3) org Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) or Section 501(c)(3) or e organization ans xy Tax) (see separ	ganizations Con er than section 5 zations Complet wered "Yes" or rganizations that rganizations that wered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta:	e Part I-C s I-A and C below I90-EZ, Part VI, Iin section 501(h)) Co nder section 501(h)	Do not col ne 47 (Lob mplete Pa)) Comple	mplete Part I-E bying Activiti rt II-A Do not te Part II-B Do	es), comp o not	then plete Part II-l complete Pa	B art II-A
Nai	me of the organizat	ion				Employer ide	entif	fication nun	nber
	ndation for Governmer ountability Inc	nt				45-2637507			
Par	t I-A Complet	e if the organ	nization is exempt under section	on 501(c) or is	a sectio		niza	tion.	
1		tion of the organ	ization's direct and indirect political car						
2			itures (see instructions)			►	\$		
3	Volunteer hours f	or political camp	aign activities (see instructions)						
Par	t I-B Complet	e if the organ	nization is exempt under section	on 501(c)(3).					
1	Enter the amount	of any excise ta	x incurred by the organization under se	ection 4955		•	\$		
2	Enter the amount	of any excise ta	x incurred by organization managers u	nder section 4955		►	\$		
3	If the organizatio	n incurred a sect	ion 4955 tax, did it file Form 4720 for i	this year?			-	🗌 Yes	
4a	Was a correction	made?						🗌 Yes	
b	If "Yes," describe								
Par	t I-C Complet	e if the organ	nization is exempt under section	on 501(c), exce	ept section	on 501(c)(3	3).		
1	Enter the amount	directly expende	ed by the filing organization for section	527 exempt funct	ion activiti	es 🕨	\$_		
2	Enter the amount function activities		anızatıon's funds contributed to other o	rganizations for se	ection 527	exempt ►	\$_		
3	Total exempt fund	ction expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	►	\$		
4	Did the filing orga	anization file For	m 1120-POL for this year?					🗌 Yes	
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) of each organization listed, enter the ame that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the ed to a separate pe	filing orga olitical org	inization's func anization, such	ls A	lso enter the	
	(a) Nam	e	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter		(e) Amount contributions and promp	s received ptly and

		funds If none, enter -0-	and promptly and directly delivered to a separate political organization If none, enter -0-
1			
2			
3			
4			
5			
6			

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

Scł	nedule C (Form 990 or 990-EZ) 2018			Page 2
Р	art II-A Complete if the organization is a section 501(h)).	exempt under section 501(c)(3) and file	ed Form 5768 (elect	tion under
A	Check If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g expenditures)	group member's name, a	address, EIN,
в	Check Check if the filing organization checked box i	A and "limited control" provisions apply		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	73,278	
с	Total lobbying expenditures (add lines 1a and 1b)		73,278	
d	Other exempt purpose expenditures		7,816,877	
е	Total exempt purpose expenditures (add lines 1c and	d 1d)	7,890,155	
f	Lobbying nontaxable amount Enter the amount fror columns	n the following table in both	544,508	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f	·)	136,127	
h	Subtract line 1g from line 1a If zero or less, enter -	0-	0	
	Subtract line 1f from line 1c If zero or less, enter -0		0	
j	If there is an amount other than zero on either line :	1h or line 1i, did the organization file Form 4720 re	eporting [□ Yes □_ No

section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total					
2a	Lobbying nontaxable amount	336,839	351,673	446,879	544,508	1,679,899					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					2,519,849					
с	Total lobbying expenditures	79,664	54,623	91,320	73,278	298,885					
d	Grassroots nontaxable amount	84,210	87,918	111,720	136,127	419,975					
e	Grassroots ceiling amount (150% of line 2d, column (e))					629,963					
f	Grassroots lobbying expenditures		4,617			4,617					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a))	(b)		
	ivity		No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ľ			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ľ			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), or	sectio	ר		
				Yes No		

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? 3			

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

 Dues, assessments and similar amounts from member 	bers
---	------

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

		int - DO NOT PROCESS As Fil	ed Data -				D		• 1545-0047
SCHEDULE D (Form 990)		Supplemen	ital Financia	al St	tatements				~ . ~
	of the Treasury	► 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.							018 n to Public
	enue Service	► Go to <u>www.irs.g</u>	<u>lov/Form990</u> for t	he lat	est information.				spection
Foundatio	of the organ					· · ·	-	entification	number
Accounta	•	nationa Maintainina Danay Adui	and Euroda an Ot	har C	imilar Eurola		2637507		
Part I		zations Maintaining Donor Advi te If the organization answered "Ye				DF ACC	counts.		
		ž	(a) Donor				(b)Fund	ls and other	accounts
1 Tota	al number at	end of year							
	-	of contributions to (during year)							
	-	of grants from (during year)							
	-	at end of year				<u> </u>			
org	janization's p	ition inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal control	2					Yes 🗌 No
cha		ition inform all grantees, donors, and do ses and not for the benefit of the donor						rmissible	Yes 🗌 No
Part II	Conser	vation Easements. Complete If th	ne organization ar	nswer	ed "Yes" on For	m 990	, Part I∖	/, lıne 7.	
1 Pur	rpose(s) of co	nservation easements held by the organ	nızatıon (check all th	nat app	y)				
L	Preservatio	on of land for public use (e g , recreation	n or education)		Preservation of ar	n histor	ically imp	ortant land a	area
	Protection	of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservation	on of open space							
eas	sement on the	a through 2d if the organization held a last day of the tax year	qualified conservation	on con	tribution in the fo	rm of a		ation at the End o	of the Year
a Tot	al number of	conservation easements				2a			
	-	stricted by conservation easements				2b			
-		ervation easements on a certified histori		• • •		2c			
		ervation easements included in (c) acqui n the National Register	ired after 7/25/06, a	and no	t on a historic	2d			
3 Nu		ervation easements modified, transferre	ed, released, extingu	ushed,	or terminated by	the or	ganızatıoı	n during the	
4 Nu	mber of state	s where property subject to conservatio	on easement is locat	ed 🕨					
-		zation have a written policy regarding th			pection, handling	of viola	— ations.		
		t of the conservation easements it holds			peenen, nanaing		,	🗌 Yes	
6 ^{Sta} ►	aff and volunt	eer hours devoted to monitoring, inspec	ting, handling of vid	plation	s, and enforcing c	onserv	ation eas	ements durır	ng the year
7 Am ► s		nses incurred in monitoring, inspecting,	handling of violation	ns, and	d enforcing conser	rvation	easemen	its during the	e year
8 Do	es each conse	ervation easement reported on line 2(d)	above satisfy the re	equirer	ments of section 1	.70(h)(4)(B)(I)		
	d section 170							🗌 Yes	🗆 No
bal	ance sheet, a	cribe how the organization reports cons ind include, if applicable, the text of the 's accounting for conservation easemen	footnote to the orga	ın ıts anızatı	revenue and expe on's financial stat	ense sta ements	atement, s that des	and cribes	
Part II	I Organi:	zations Maintaining Collections	of Art, Historica			ner Si	milar A	ssets.	
		te if the organization answered "Ye				- 4		.	
art	, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed	ducatio	on, or research in				
his	torical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items							
(i) Re	evenue includ	ed on Form 990, Part VIII, line 1					▶ \$_		
(ii)As	sets included	ın Form 990, Part X							
2 Ift	he organızatı	on received or held works of art, histori its required to be reported under SFAS				ancial g			
a Rev	venue include	d on Form 990, Part VIII, line 1					►\$		
b Ass	sets included	ın Form 990, Part X					▶ \$		

Cat No 52283D Schedule D (Form 990) 2018

e Other

Sche	dule D (Form 990) 2018								Pag	e 2
Par	t IIII Organizations Maintaining Co	lections of Art, His	torical T	reasu	ires, or	Other	Similar A	ssets (con	tinued)	
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other records, ch	neck any c	f the fo	llowing t	hat are a	a significant	use of its co	llection	
а	Public exhibition		d 🗌	Loan	or excha	inge pro	grams			
b	Scholarly research		e 🗌	Othe	r					
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explain ho	w they fur	ther the	e organız	atıon's e	xempt purp	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						nılar	🗌 Yes	□ No	
Pa	t IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		990, Par	t IV, lı	ne 9, or	report	ed an amo	unt on For	m 990, Part	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other intermediar	y for cont	lbution	s or othe	r assets	not	🗌 Yes	□ No	
b	If "Yes," explain the arrangement in Part XII.	and complete the follo	wing table		[Amount		
c	Beginning balance		ing table			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 Fo	orm 990. Part X. line 21	for escro	w or cu	' Istodial a	ccount lu	ability?			
b	If "Yes," explain the arrangement in Part XIII							_		
	rt V Endowment Funds. Complete if				-					
		(a)Current year	(b)Prior ye		(c)Two ye				Four years back	k
1a	Beginning of year balance									_
b	Contributions									_
с	Net investment earnings, gains, and losses									_
d	Grants or scholarships									_
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance (li	ne 1g, col	umn (a)) held a	5				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
с	Temporarily restricted endowment \blacktriangleright									
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses organization by	ssion of the organization	n that are	held an	d admını	stered fo	or the		Yes No	-
	(i) unrelated organizations							3a(i)		-
	(ii) related organizations							3a(ii		-
b	If "Yes" on 3a(II), are the related organization	ns listed as required on	Schedule	R?.				. 3b		_
4	Describe in Part XIII the intended uses of the	-	nent funds							
Pa	t VI Land, Buildings, and Equipme		000 0-		11-	C		aut V. Ivaa i	10	
	Complete if the organization answ Description of property (a) Cost or ot (investment)	her basis (b) Cost or					depreciation		Book value	
12	Land									
	Buildings	<u> </u>								
	Leasehold improvements									
	Equipment			38,285			19,667		18,6	618
					1			1		

13,427

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

6,560

25,178

6,867

►

.

Schedule D (Form 990) 2018					Page 3
Part VII	Investments—Other Securities. Complete if the org. See Form 990, Part X, line 12.	anızat	tion answ	vered "Yes" on	Form 990	, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	Cost		of valuation year market value
	l derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9		art TV/ lu	ne 11c See Fr	orm 990 p	Part X June 13
			ook value		(c) Method	of valuation year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	on For	m 990, Pa	art IV, line 11d	See Form 99	00, Part X, line 15 (b) Book value
(1) Deposits						2,900
(2) Due from (3)	h FGA Action					1,448,811
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15) .					1,451,711
Part X	Other Liabilities. Complete if the organization answer	red 'Y	es' on Fo	orm 990, Part I		
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal ı	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		1				

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018		Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	9,402,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	9,402,000
_	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
_			
C L			
d	Other (Describe in Part XIII)	_	24 652
е	Add lines 2a through 2d	2e	-21,653
3	Subtract line 2e from line 1	3	9,424,541
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)		
С	Add lines 4a and 4b	4 c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,424,541
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturi	ı.
1	Total expenses and losses per audited financial statements	1	7,914,678
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	24,523
3	Subtract line 2e from line 1	3	7,890,155
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,890,155
Pa	rt XIII Supplemental Information		. ,

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

Return Reference	Explanation
See Addıtıonal Data Table	

ormation (continued)
Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version: EIN: 45-2637507 Name: Foundation for Government Accountability Inc

Supplemental Information

Return Reference	Explanation
	Management has evaluated the Foundation's tax positions and concluded that the Foundation' s financial statements do not include any uncertain tax positions

efil	e GRAPHIC pr	int - DO NOT PROCESS	s Filed Data	DLN: 934	19326	58013	369
	edule J	Con	npensati	on Information	1B No	1545-0	0047
(Forr	n 990)	For certain Officers,	Directors, Tr	ustees, Key Employees, and Highest	• •		
		► Complete if the organ	Compensat	ted Employees ered "Yes" on Form 990, Part IV, line 23.	20	18	ζ
	<u> </u>		Attach	to Form 990.	 Open (
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/</u>	<u>Form990</u> for 1	instructions and the latest information.		ectio	
	ne of the organizandation for Governm			Employer identificat	ion nu	ımber	
	ountability Inc	lenc		45-2637507			
Pa	rt I Questi	ons Regarding Compensatio	n				
4 -						Yes	No
1a	990, Part VII, S	ection A, line 1a Complete Part III	to provide any	the following to or for a person listed on Form relevant information regarding these items			
		s or charter travel		Housing allowance or residence for personal use			
		companions		Payments for business use of personal residence			
	_	nification and gross-up payments hary spending account		Health or social club dues or initiation fees Personal services (e g , maid, chauffeur, chef)			
		ary spending account		reisonal services (e.g., maiu, chauneur, cher)			
b		xes in line 1a are checked, did the o all of the expenses described above		llow a written policy regarding payment or reimbursement olete Part III to explain	1b		
2		ation require substantiation prior to		r allowing expenses incurred by all , regarding the items checked in line 1a?	2		
	unectors, truste	es, oncers, including the CEO/Exe	cutive Director,	, regarding the items checked in line 1a.			
3				t to establish the compensation of the			
	used by a relate	EO/Executive Director Check all the d organization to establish compen	sation of the C	EO/Executive Director, but explain in Part III			
	✓ Compensa	ation committee		Written employment contract			
		ent compensation consultant		Compensation survey or study			
	V Form 990	of other organizations	\checkmark	Approval by the board or compensation committee			
4	During the year, related organiza), Part VII, Sec	tion A, line 1a, with respect to the filing organization or a			
а	Receive a sever	ance payment or change-of-control	payment?		4a		No
b	Participate in, or	r receive payment from, a supplem	ental nonqualıf	ied retirement plan?	4b		No
С	•	r receive payment from, an equity-		-	4c		No
	If "Yes" to any c	of lines 4a-c, list the persons and pi	rovide the appl	icable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations r	nust complete lines 5-9.			
5		ed on Form 990, Part VII, Section A	, line 1a, did ti	he organization pay or accrue any			
	·	ontingent on the revenues of					
a	The organization				5a		No
b	Any related orga If "Yes," on line	anization? 5a or 5b, describe in Part III			5b		No
6	For persons liste	ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did tl	he organization pay or accrue any			
а	The organization	٦?			6 a		No
b	Any related orga	anization?			6b		No
	If "Yes," on line	6a or 6b, describe in Part III					
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"		he organization provide any nonfixed t III	7		No
8		nts reported on Form 990, Part VII					
	subject to the in in Part III	initial contract exception described if	n Kegulations s	section 53 4958-4(a)(3)? If "Yes," describe			NI-
0		Q did the organization also fallows	ho robutt-lete -	procumption procedure described in Desulations as their	8		No
9	1f "Yes" on line 8 53 4958-6(c)?	o, uiu the organization also follow t	ne reputtable p	presumption procedure described in Regulations section	9		

Schedule J (Form 990) 2018

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

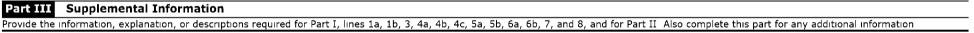
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

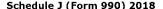
(A) Name and Title		(i) Base compensation	of W-2 and/or 1099-MISC (ii) Bonus & incentive compensation	compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 Tarren Bragdon CEO	(i)	263,485	64,660	0	16,438	0	344,583	0	
	(ii)	0	0	0	0	0	0	0	
2 Jonathan Bechtle COO & General Counsel	(i)	215,216	35,564	0	12,570	0	263,350	0	
	(ii)	0	0	0	0	0	0	0	
3 Kristina Rasmussen VP of Federal Affairs	(i)	260,000	8,252	0	13,349	0	281,601	0	
	(ii)	0	0	0	0	0	0	0	
4 Chad Goote VP of Advancement	(i)	197,115	45,564	0	11,820	0	254,499	0	
	(ii)	0	0	0	0	0	0	0	
5 Jonathan Ingram VP of Research	(i)	181,538	12,320	0	9,379	0	203,237	0	
	(ii)		0	0	0	0	0	0	
6 Robin Walker Director of Federal Affairs	(i)	188,462	8,160	0	9,517	0	206,139	0	
	(ii)	0	0	0	0	0	0	0	
7 Christie Herrera VP of State Affairs and Policy	(1)	177,375	8,636	0	8,987	0	194,998	0	
	(ii)	0	0	0	0	0	0	0	
		1	I		1		Cali a duda	1/Earm 000) 2019	

Schedule J (Form 990) 2018









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SCHEDULE O (Form 990 or 990- EZ)			OMB No 1545-0047	
Department of the Treasury		Attach to Forn		Open to Public Inspection
Name Br the ofganization Employer identifie Foundation for Government Accountability Inc 45-2637507			er identification number	
000 Cabadula O. Sum	lomontal Informatio	•		

Return Reference	Explanation
Form 990, Part III, line 3	The foundation ceased Uncover ObamaCare Project in 2018

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Each member of the governing body receives a copy of the Form 990 for review prior to its filing

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The conflict of interest policy is enforced by each officer and director annually completi ng a conflict of interest disclosure statement which is retained in the confidential files of the Foundation

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15a	A committee of the Board meets at the start of each fiscal year to review a salary survey of similar positions and similar sized organizations within the industry in determining th e CEO salary

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	All Foundation documents and financial record are maintained at the corporate office Form s 1023 and 990 are available for public inspection upon request

Return Reference	Explanation
Form 990, Part IX, line 11g	Other professional fees Program service expenses 39,784 Management and general expenses 5,059 Fundraising expenses 1,075 Total expenses 45,918 Professional Fees - Polling Pro gram service expenses 108,063 Management and general expenses 0 Fundraising expenses 0 Total expenses 108,063 Research Program service expenses 461,592 Management and general expenses 0 Fundraising expenses 0 Total expenses 461,592 Production - Movies Program service expenses 251,762 Management and general expenses 0 Fundraising expenses 0 Total expenses 251,762 Professional Fees - Design & Publication Program service expenses 124, 990 Management and general expenses 0 Fundraising expenses 825 Total expenses 125,815 Payroll Processing Fees Program service expenses 0 Management and general expenses 609 Fundraising expenses 0 Total expenses 609 Public Relations Program service expenses 1,0 08,123 Management and general expenses 8,715 Management and general expenses 1 3,725 Fundraising expenses 0 Total expenses 22,440