| 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<br>•                      |   |   | 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<br>Treasui<br>Interna  | <b>٦</b>  | of the<br>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<br>Inspection |  |  |
|                                |   |   | ı<br>alendar year, or tax ye                               | ar begir   | nning 01-01-2018                               | , and endin                   | g 12-3    | 1-2018           |                  |                       |          |                              |  |  |
|                                |   | applicable  | C Name of organization<br>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<br>Ion pending   | Number and street (or P<br>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   |  |  |                               |           |                  |                  | <b>G</b> 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<br>15275 Collıer Blvd Suıt                  | e 201-27   | 9  |                               |           |                  |                  | inates?               |          | 🗌 Yes 🗹 No                   |  |  |
|                                |   |   | Naples, FL 34119   |  |  |                               |           |                  | re all<br>Iclude | subordinates<br>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/                                       |  |  |                               |           | <b>H(c)</b> G    | roup             | exemption nu          | mber     | •                            |  |  |
| K Farr                         |   | raanizatio  | Corporation D Trust  | . 🗌 🗛  |  |                               |           | L Year of f      | orma             | tion 2011 <b>M</b>    | State    | of legal domicile FL         |  |  |
| N Forn                         |   | aganization   |  | . 🗀 ASSO   |  |                               |           |                  |                  |                       |          |                              |  |  |
| Pa                             | rt I  |   | mary   |  |  |                               |           |                  |                  |                       |          |                              |  |  |
|                                | 1   | Briefly de<br>To formul   | scribe the organization's<br>ate and promote public p      | mission c<br>olicies ba                          | or most significant a<br>ised on the principle | activities<br>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<br>3 Number of voting members of the governing body (Part VI, line 1a) |   |  |  |  |                               |           |                  |                  |                       |          | 6                            |  |  |
| <b>×ර</b>                      |   | 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<br>6,675,803        |          | 1,244<br>9,424,541           |  |  |
|                                |   |   | enue—add lines 8 throug<br>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<br>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<br>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<br>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 <b>990</b> (2018) |

| Form | 990 (2018)  |                         |                    |                           |   | Page <b>2</b>               |
|------|---|-------------------------|--------------------|---------------------------|---|-----------------------------|
| 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<br>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<br>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.<br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?<br>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?<br>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?<br>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?<br>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 <sup>2</sup> 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?<br>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?<br>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?<br>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<br>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.<br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"<br>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?<br>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><br>Part IV  | 28a      |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,<br>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?<br>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? <b>Note.</b><br>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 <b>1b</b> 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<br>Tax Statements, filed for the calendar year ending with or within the year covered by<br>this return  |            |     |          |  |  |  |  |  |  |  |
|-----|--|------------|-----|----------|--|--|--|--|--|--|--|
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>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?  | <b>6</b> a |     | No       |  |  |  |  |  |  |  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> 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<br>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<br>7f   |     | No<br>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.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during<br>the year?  | 8          |     |          |  |  |  |  |  |  |  |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966? . $$ . $$ .   | <b>9</b> a |     |          |  |  |  |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .   | <b>9</b> 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 <b>10b</b>   |            |     |          |  |  |  |  |  |  |  |
| 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 <b>12b</b>   |            |     |          |  |  |  |  |  |  |  |
| 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?<br>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?<br>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<br>8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions<br>Check if Schedule O contains a response or note to any line in this Part VI |               | onse to i | lines<br>🔽 |
| 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<br>body, or if the governing body delegated broad authority to an executive committee or<br>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<br>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?  | <b>8</b> a    | Yes       |            |
| b               | Each committee with authority to act on behalf of the governing body?  | <b>8</b> b    | Yes       | <b> </b>   |
| 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><br>17 | ction C. Disclosure<br>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)<br>Name and Title                                   | (B)<br>Average<br>hours per<br>week (list<br>any hours |                                   | ne b                  | ox, ι<br>in of | t ch<br>unle:<br>ficei | ss per:<br>r and a           | son    | (D)<br>Reportable<br>compensation<br>from the<br>organization | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F)<br>Estimated<br>amount of other<br>compensation<br>from the |
|---|--|-----------------------------------|-----------------------|----------------|------------------------|------------------------------|--------|---|--|---|
|   | for related<br>organizations<br>below dotted<br>line)  | individual trustee<br>or director | Institutional Trustee | Officer        | Key employee           | Highest compensated employee | Former | (W- 2/1099-<br>MISC)  | (W- 2/1099-<br>MISC)   | organization and<br>related<br>organizations                    |
| (1) Robert Levy<br>Director                             | 3 00   | х                                 |                       |                |                        |                              |        | o   | 0  | 0   |
| (2) Andrea Forrest Brock<br>Director                    | 3 00   | х                                 |                       |                |                        |                              |        | 0   | 0  | 0   |
| (3) Bridgett Wagner<br>Director                         | 3 00   | х                                 |                       |                |                        |                              |        | 0   | 0  | 0   |
| (4) Robert Harden<br>Director                           | 3 00   | х                                 |                       |                |                        |                              |        | O   | 0  | 0   |
| (5) Betty Neighbors<br>Director                         | 3 00   | х                                 |                       |                |                        |                              |        | 0   | 0  | 0   |
| (6) Tarren Bragdon<br>CEO                               | 38 00  | х                                 |                       | x              |                        |                              |        | 328,145   | 0  | 16,438  |
| (7) Jonathan Bechtle<br>COO & General Counsel           | 36 00  |                                   |                       | x              |                        |                              |        | 250,780   | 0  | 12,570  |
| (8) Kristina Rasmussen<br>VP of Federal Affairs         | 40 00  |                                   |                       |                |                        | ×                            |        | 268,252   | 0  | 13,349  |
| (9) Chad Goote<br>VP of Advancement                     | 40 00  |                                   |                       |                |                        | x                            |        | 242,679   | 0  | 11,820  |
| (10) Jonathan Ingram<br>VP of Research                  | 40 00  |                                   |                       |                |                        | ×                            |        | 193,858   | 0  | 9,379   |
| (11) Robin Walker<br>Director of Federal Affairs        | 40 00  |                                   |                       |                |                        | ×                            |        | 196,622   | 0  | 9,517   |
| (12) Christie Herrera<br>VP of State Affairs and Policy | 40 00  |                                   |                       |                |                        | x                            |        | 186,011   | 0  | 8,987   |
|   |  |                                   |                       |                |                        |                              |        |   |  |   |
|   |  |                                   |                       |                |                        |                              |        |   |  |   |
|   |  |                                   |                       |                |                        |                              |        |   |  | Form <b>990</b> (2018)  |

| Par    | It VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |   |                                   |                       |                |                        |                                      |        |   |  |      |  |                                  |
|--------|---|---|-----------------------------------|-----------------------|----------------|------------------------|--------------------------------------|--------|---|--|------|--|----------------------------------|
|        | (A)<br>Name and Title   | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related | than c<br>ıs b                    | ne b                  | ox, u<br>n off | t ch<br>inle:<br>ficer | eck mo<br>ss pers<br>r and a<br>:ee) | son    | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensatio<br>from related<br>organizations (<br>2/1099-MISC | w-   | (F)<br>Estima<br>amount o<br>compens<br>from f<br>organizati | ited<br>f other<br>sation<br>the |
|        |   | organizations<br>below dotted<br>line)                                | Individual trustee<br>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) .  | •   |                                   |                       |                |                        | ►<br>►                               |        | 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 <b>former</b><br>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  |   | • •                               | •<br>uon fi           | •              | •<br>>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<br>from the organization Report compe                                  |   |                                   |                       |                |                        |                                      |        |   |  | mpen | sation   |                                  |
|        | Name a  | (A)<br>and business addre   | :55                               |                       |                |                        |                                      |        | Desc  | (B)<br>ription of services   |      | (C<br>Compen   |                                  |
|        | Disney World Swan & Dolphin   |   |                                   |                       |                |                        |                                      |        | Policy confe  | rence  |      |  | 283,914                          |
| Lake I | Epcot Resorts Blvd<br>Buena Vista, FL 32630   |   |                                   |                       |                |                        |                                      |        |   |  |      |  | 175.044                          |
| 14750  | ox Visual Design  |   |                                   |                       |                |                        |                                      |        | Video produ   | ction  |      |  | 175,941                          |
|        | field, WI 53005<br>vood Solutions Inc   |   |                                   |                       |                |                        |                                      |        | Research  |  |      |  | 135,130                          |
|        | nstitution Dr Suite 1A<br>rd, NH 03110  |   |                                   |                       |                |                        |                                      |        |   |  |      |  |                                  |
|        | dge LLC   |   |                                   |                       |                |                        |                                      |        | Marketing   |  |      |  | 126,814                          |
|        | Clarendon Blvd Suite 901<br>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 | • •     | • •   | • • |  | • | 🗆  |
|---|--|--------------------------------------|---------------------------------|------------|-----------|-------------------|--------------------------|-----------|---------|---|-----|--|---|--|
|   |  |                                      |                                 |            |           |                   | <b>(A)</b><br>Total reve | enue      | e<br>fu | (B)<br>lated or<br>xempt<br>unction<br>evenue |     | <b>(C)</b><br>Unrelated<br>business<br>revenue |   | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|   | 1a Feder                               | ated campaig                         | ns                              | 1a         |           |                   |                          |           |         | -venue  |     |  |   | 512 514  |
| nts   |  | pership dues                         |                                 | <b>1</b> b |           |                   |                          |           |         |   |     |  |   |  |
| 5ra<br>10u  |  | aising events                        |                                 | 1c         |           |                   |                          |           |         |   |     |  |   |  |
| An S, C   |  | ed organizatio                       |                                 | 1d         |           |                   |                          |           |         |   |     |  |   |  |
| lar<br>Iar  |  | nment grants (co                     |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
| s, (<br>mi  |  |                                      |                                 | 1e         |           |                   |                          |           |         |   |     |  |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | f All oth<br>and si<br>above           | er contributions,<br>milar amounts n | , gifts, grants,<br>ot included | 1f         |           | 9,348,534         |                          |           |         |   |     |  |   |  |
| d Ot  |  | ash contributio<br>≥s 1a - 1f \$     |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
| a C   | h Total                                | . Add lines 1a                       | -1f                             | • •        |           | •                 |                          | 348,534   |         |   |     |  |   | -  |
| Program Service Revenue                                   | 2a                                     |                                      |                                 |            |           | Busines           | s Code                   |           |         |   |     |  |   |  |
| 57.7  |  |                                      |                                 | -          |           |                   |                          |           |         |   |     |  |   |  |
| τ<br>Η<br>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<br>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>b</b> Less r                        | ental expenses                       |                                 |            |           |                   | -                        |           |         |   |     |  |   |  |
|   | c Rental                               | income or                            |                                 |            |           |                   | -                        |           |         |   |     |  |   |  |
|   | (loss)<br><b>d</b> Net re              | ental income o                       | r (loss)                        |            |           | • •               |                          |           |         |   |     |  |   |  |
|   |  |                                      | (I) Securi                      |            |           | Other             |                          |           |         |   |     |  |   |  |
|   | 7a Gross a<br>from sa<br>assets c      | les of<br>other                      |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
|   | than inv<br><b>b</b> Less c<br>other b |                                      |                                 |            |           |                   | _                        |           |         |   |     |  |   |  |
|   |  | xpenses                              |                                 |            |           |                   | -                        |           |         |   |     |  |   |  |
|   |  | ain or (loss) .                      |                                 |            |           | •                 | -                        |           |         |   |     |  |   |  |
| <u>e</u>  | (not in                                |                                      |                                 | of         |           |                   | 1                        |           |         |   |     |  |   |  |
| Other Revenue   | See Pa                                 | utions reporte<br>art IV, line 18    | · · · ·                         | a          |           |                   |                          |           |         |   |     |  |   |  |
| ď   |  | lirect expense                       |                                 | L          |           |                   |                          |           |         |   |     |  |   |  |
| her   |  | ome or (loss)                        |                                 |            | ents .    | • •               |                          |           |         |   |     |  |   |  |
| õ   | See Pa                                 | ncome from g<br>art IV, line 19      | aming activit                   | ļ          |           |                   |                          |           |         |   |     |  |   |  |
|   | <b>b</b> Less                          | lirect expense                       | s                               | a<br>b     |           |                   | -                        |           |         |   |     |  |   |  |
|   | c Net inc                              | ome or (loss)                        | from gaming                     | activiti   | ies .     | • •               |                          |           |         |   |     |  |   |  |
|   |  | sales of invent<br>and allowand      |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
|   | <b>b</b> Less o                        | ost of goods s                       | sold                            | a<br>b     |           |                   |                          |           |         |   |     |  |   |  |
|   |  | ome or (loss)                        |                                 | Invent     |           |                   |                          |           |         |   |     |  |   |  |
| ļ   |  | Miscellaneous                        | Kevenue                         |            | Busin     | ess Code<br>90009 | 0                        | 1 74      |         |   |     |  |   |  |
|   | 11a <sub>Other</sub>                   | revenue                              |                                 |            |           | 90009             | 2                        | 1,24      | "       |   |     |  |   | 1,244  |
|   | Ь                                      |                                      |                                 |            |           |                   |                          |           | $\top$  |   |     |  |   |  |
|   | с                                      |                                      |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
|   |  |                                      |                                 |            |           |                   |                          |           |         |   |     |  |   |  |
|   |  | er revenue .                         |                                 |            |           |                   |                          |           | 1       |   |     |  |   |  |
|   |  | Add lines 11a                        |                                 |            | • •       | •                 |                          | 1,24      | 4       |   |     |  |   |  |
|   | 12 Total                               | r <b>evenue.</b> 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<br>7b, 8b, 9b, and 10b of Part VIII.   | on lines 6b,                                   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraisingexpenses |
| <ol> <li>Grants and other assistance to d<br/>domestic governments See Part</li> </ol>   |  |                              | expenses                                  | general expenses                                 |                                   |
| 2 Grants and other assistance to d<br>Part IV, line 22   | omestic individuals See                        |                              |   |  |                                   |
| 3 Grants and other assistance to for<br>governments, and foreign individual<br>and 16  |  |                              |   |  |                                   |
| <b>4</b> 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<br>defined under section 4958(f)(1)<br>section 4958(c)(3)(B)  | ) and persons described in                     |                              |   |  |                                   |
| <b>7</b> Other salaries and wages  | F  | 2,867,136                    | 2,650,602                                 | 132,179  | 84,355                            |
| 8 Pension plan accruals and contril<br>(k) and 403(b) employer contrib   |  | 165,254                      | 133,757                                   | 24,528   | 6,969                             |
| 9 Other employee benefits  | [  | 2,312                        |   | 2,312  |                                   |
| <b>10</b> Payroll taxes  | [  | 223,013                      | 209,504                                   | 8,878  | 4,631                             |
| 11 Fees for services (non-employee   | s)   |                              |   |  |                                   |
| <b>a</b> Management  | . [  |                              |   |  |                                   |
| <b>b</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   | [  |                              |   |  |                                   |
| <b>g</b> Other (If line 11g amount exceed<br>(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   |  |                              |   |  |                                   |
| <b>16</b> 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                            |
| <b>20</b> 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<br>miscellaneous expenses in line 2<br>exceeds 10% of line 25, column<br>expenses on Schedule O)  | 4e If line 24e amount                          |                              |   |  |                                   |
| a Subscriptions  | Ī  | 150,140                      | 112,016                                   | 38,088   | 36                                |
| <b>b</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<br>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      |                                 |           | 🗆                         |
|---------------|----------|--|--|-----------------------------|---------------------------------|-----------|---------------------------|
|               |          |  |  |                             | <b>(A)</b><br>Beginning of year |           | <b>(B)</b><br>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<br>trustees, key employees, and highest compensa<br>Part II of Schedule L<br>Loans and other receivables from other disguali  | nployees Complete  |                             | 5                               |           |                           |
| S             |          | section 4958(f)(1)), persons described in sectio<br>contributing employers and sponsoring organiza-<br>voluntary employees' beneficiary organizations<br>Part II of Schedule L | (c)(3)(B), and<br>of section 501(c)(9)<br>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<br>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<br>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<br>and other liabilities not included on lines 17 - 24<br>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<br>complete lines 27 through 29, and lines 33<br>Unrestricted net assets   |  |                             | 2.026.998                       | 27        | 3,315,208                 |
| ala           |          |  |  | -                           | 75,000                          | 28        | 275,000                   |
| ä             | 28<br>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<br>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<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in<br>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?  |          | <b>2</b> b | Yes |          |
|    | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b<br>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-<br>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<br>audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     | red      | Зb         |     |          |

# **Additional Data**

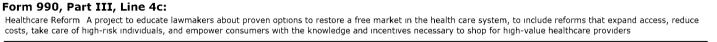
# Software ID: Software Version: EIN: 45-2637507 Name: Foundation for Government Accountability Inc

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<br>► 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<br>he organiza        | tion                                   |   |  |                                       |                                 | Employer identifi                                       | Inspection  |
| Found  | lation fo         | or Government                     | cion                                   |   |  |                                       |                                 |   |   |
|        | ntability<br>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 <b>sec</b>               | tion 170(b)(1)                  | (A)(i).   |   |
| 2      |                   | A school de                       | scribed in <b>se</b>                   | 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<br>( <b>iv).</b> (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 <b>section</b>             | on 170(b)(1)(4                  | λ)(v).  |   |
| 7      | $\checkmark$      |                                   |  | mally receives<br>( <b>vi).</b> (Complete | a substantial part of it<br>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 <b>170(b)(1)</b><br>See instructions Enter   |                                       |                                 |   | lege or university or a                               |
| 10     |                   | from activit                      | ies related to<br>income and           | its exempt fur<br>unrelated busir         | (1) more than 331/39<br>actions—subject to cer<br>aess taxable income (le<br>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 <b>section 509</b>          | (a)(4).   |   |
| 12     |                   | more public                       | ly supported                           | organizations                             | d exclusively for the be<br>described in <b>section 5</b><br>the type of supporting              | 09(a)(1) or se                        | ction 509(a)(2                  | ). See section 509(                                     |   |
| а      |                   | <b>Type I.</b> A s<br>organizatio | supporting or<br>n(s) the pow          | ganization opei                           | rated, supervised, or c<br>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<br>ation vested in the sar<br>and C.                                    |                                       |                                 |   |   |
| С      |                   |                                   |  |   | supporting organizatio   |                                       |                                 |   | ated with, its  |
| d      |                   | Type III n<br>functionally        | on-function<br>integrated              | ally integrate                            | ions) You must com<br>d. A supporting organi<br>in generally must satis<br>rt IV, Sections A and | ization operated<br>fy a distribution | in connection wirequirement and | th its supported orga                                   |   |
| е      |                   | Check this                        | box if the org                         | anızatıon recei                           | ved a written determir<br>integrated supporting  | nation from the I                     |                                 | /pe I, Type II, Type I                                  | II functionally                                       |
| f      | Enter             | <b>.</b> .                        |  | organizations                             |  | Junior                                |                                 |   |   |
| g      |                   |                                   |  | on about the s                            | upported organization(   | s)                                    |                                 | •   | •   |
|        | (i) î             | Name of supp<br>organizatior      |  | (ii) EIN                                  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))       | in your governing document?   m       |                                 | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|        |                   |                                   |  |   |  | Yes                                   | No                              |   |   |
|        |                   |                                   |  |   |  |                                       |                                 |   |   |
|        |                   |                                   |  |   |  |                                       |                                 |   |   |
| Tota   |                   |                                   | tion Act Not                           |   | nstructions for  | Cat No. 1128                          |                                 | <br>Cabadula A (Earma (                                 | 90 or 990-E7) 2018                                    |

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#### 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)              | <b>(a)</b> 2014            | <b>(b)</b> 2015      | (c) 2016              | (d) 2017           | <b>(e)</b> 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,<br>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 <b>stop here</b>        |                            |                      |                       |                    |                    | ▶□                |
| 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       | <b>18</b> (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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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                              |  |  |  |  |
| <ol> <li>Amounts paid to supported organizations to accomplish</li> </ol>   | 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 <b>Part VI</b> ) See instruction   | ons   |  |   |  |  |  |  |
| 7 Total annual distributions. Add lines 1 through 6   |   |  |   |  |  |  |  |
| <ul> <li>8 Distributions to attentive supported organizations to we details in Part VI) See instructions</li> </ul>   | nich the organization is respon   | sive (provide                          |   |  |  |  |  |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |   |  |   |  |  |  |  |
| 10 Line 8 amount divided by Line 9 amount   |   |  |   |  |  |  |  |
| Section E - Distribution Allocations (see<br>instructions)  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |  |  |  |  |
| Distributable amount for 2018 from Section C, line     6  |   |  |   |  |  |  |  |
| 2 Underdistributions, if any, for years prior to 2018<br>(reasonable cause required explain in Part VI)<br>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  |   |  |   |  |  |  |  |
| <ul> <li>Carryover from 2013 not applied (see<br/>instructions)</li> </ul>  |   |  |   |  |  |  |  |
| 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>b</b> Applied to 2018 distributable amount   |   |  |   |  |  |  |  |
| c Remainder Subtract lines 4a and 4b from 4   |   |  |   |  |  |  |  |
| 5 Remaining underdistributions for years prior to<br>2018, if any Subtract lines 3g and 4a from line 2<br>If the amount is greater than zero, explain in Part VI<br>See instructions  |   |  |   |  |  |  |  |
| 6 Remaining underdistributions for 2018 Subtract<br>lines 3h and 4b from line 1 If the amount is greater<br>than zero, explain in Part VI See instructions  |   |  |   |  |  |  |  |
| 7 Excess distributions carryover to 2019. Add lines<br>31 and 4c  |   |  |   |  |  |  |  |
| 8 Breakdown of line 7   |   |  |   |  |  |  |  |
| a Excess from 2014  |   |  |   |  |  |  |  |
| <b>b</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,<br/>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,<br/>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<br/>Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6<br/>Also complete this part for any additional information (See<br/>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<br>ternal Revenue Service Ser |   |  |  |   | Open to<br>Inspe   | o Public<br>ection    |  |                        |
| • S<br>• S<br>• S<br>• S<br>• S<br>• S<br>• S<br>• S<br>• S<br>• S | Section 501(c)(3) org<br>Section 501(c) (othe<br>Section 527 organiz<br>e organization ans<br>Section 501(c)(3) or<br>Section 501(c)(3) or<br>e organization ans<br>xy Tax) (see separ   | ganizations Con<br>er than section 5<br>zations Complet<br>wered "Yes" or<br>rganizations that<br>rganizations that<br>wered "Yes" or<br>rate instruction | n Form 990, Part IV, Line 4, or Form 9<br>have filed Form 5768 (election under s<br>have NOT filed Form 5768 (election un<br>n Form 990, Part IV, Line 5 (Proxy Ta:      | e Part I-C<br>s I-A and C below<br>I90-EZ, Part VI, Iin<br>section 501(h)) Co<br>nder section 501(h) | Do not col<br>ne <b>47 (Lob</b><br>mplete Pa<br>)) Comple | mplete Part I-E<br>bying Activiti<br>rt II-A Do not<br>te Part II-B Do | es),<br>comp<br>o not | then<br>plete Part II-l<br>complete Pa   | B<br>art II-A          |
| Nai  | me of the organizat  | ion   |  |  |   | Employer ide   | entif                 | fication nun                             | nber                   |
|  | ndation for Governmer<br>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<br>►  | \$_                   |  |                        |
| 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 <b>For</b>   | <b>m 1120-POL</b> for this year?   |  |   |  |                       | 🗌 Yes                                    |                        |
| 5  | organization made<br>of political contrib  | e payments For<br>outions received  | employer identification number (EIN) of<br>each organization listed, enter the ame<br>that were promptly and directly deliver<br>se (PAC) If additional space is needed, | ount paid from the<br>ed to a separate pe  | filing orga<br>olitical org                               | inization's func<br>anization, such                                    | ls A                  | lso enter the                            |                        |
|  | <b>(a)</b> Nam   | e   | (b) Address  | (c) EIN  | filing o  | ount paid from<br>organization's<br>If none, enter                     |                       | (e) Amount<br>contributions<br>and promp | s received<br>ptly and |

|   |  | funds If none, enter<br>-0- | and promptly and<br>directly delivered to a<br>separate political<br>organization If none,<br>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 <b>2</b>               |
|-----|--|--|--|-----------------------------|
| 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<br>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<br>(The term "expenditures" means                                       |  | (a) Filing<br>organization's<br>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 [                             | <br>□ 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<br>beginning in)             | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017 | <b>(d)</b> 2018 | (e) Total |  |  |  |  |  |
| 2a | Lobbying nontaxable amount                                 | 336,839         | 351,673         | 446,879         | 544,508         | 1,679,899 |  |  |  |  |  |
| Ь  | Lobbying ceiling amount<br>(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<br>(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,<br>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)<br>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."

| <ol> <li>Dues, assessments and similar amounts from member</li> </ol> | 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<br>(Form 990) |                  | Supplemen  | ital Financia            | al St             | tatements                               |                    |                        |                       | ~ . ~              |
|                          | of the Treasury  | ► Complete if the organization answered "Yes," on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>► Attach to Form 990. |                          |                   |   |                    |                        |                       | 018<br>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<br>te If the organization answered "Ye  |                          |                   |   | DF ACC             | counts.                |                       |                    |
|                          |                  | ž  | (a) Donor                |                   |   |                    | (b)Fund                | ls and other          | accounts           |
| <b>1</b> 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<br>roperty, subject to the organization's ex  | clusive legal control    | 2                 |   |                    |                        |                       | Yes 🗌 No           |
| cha                      |                  | ition inform all grantees, donors, and do<br>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<br>last day of the tax year  | qualified conservation   | on con            | tribution in the fo                     | rm of a            |                        | ation<br>at the End o | of the Year        |
| <b>a</b> 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<br>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          |                    |
| <b>4</b> 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           | —<br>ations.           |                       |                    |
|                          |                  | t of the conservation easements it holds   |                          |                   | peenen, nanaing                         |                    | ,                      | 🗌 Yes                 |                    |
| 6 <sup>Sta</sup><br>►    | 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<br>► s              |                  | nses incurred in monitoring, inspecting,   | handling of violation    | ns, and           | d enforcing conser                      | rvation            | easemen                | its during the        | e year             |
| <b>8</b> 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<br>ind include, if applicable, the text of the<br>'s accounting for conservation easemen                                 | footnote to the orga     | ın ıts<br>anızatı | revenue and expe<br>on's financial stat | ense sta<br>ements | atement,<br>s that des | and<br>cribes         |                    |
| Part II                  | I Organi:        | zations Maintaining Collections  | of Art, Historica        |                   |   | ner Si             | milar A                | ssets.                |                    |
|                          |                  | te if the organization answered "Ye  |                          |                   |   | - 4                |                        | <b>.</b>              |                    |
| art                      | , historical tre | on elected, as permitted under SFAS 11<br>easures, or other similar assets held for<br>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<br>res, or other similar assets held for pub<br>its relating to these items   |                          |                   |   |                    |                        |                       |                    |
| <b>(i)</b> 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<br>its required to be reported under SFAS  |                          |                   |   | ancial g           |                        |                       |                    |
| a Rev                    | venue include    | d on Form 990, Part VIII, line 1   |                          |                   |   |                    | ►\$                    |                       |                    |
| <b>b</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 <b>2</b> |
|------|---|---------------------------|-------------|----------|-----------------|-----------|---------------|---------------|-----------------|------------|
| 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<br>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<br>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<br>Complete if the organization answ<br>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  | '<br>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<br>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-      | <b></b>  | 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 <b>3</b>                         |
|---------------------|--|--------|-----------------------------|------------------|-------------|---------------------------------------|
| Part VII            | <b>Investments—Other Securities.</b> 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<br>(including name of security)                      |        | <b>(b)</b><br>Book<br>value | Cost             |             | of valuation<br>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           | <b>Investments—Program Related.</b><br>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<br>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<br>(b) Book value |
| (1) Deposits        |  |        |                             |                  |             | 2,900                                 |
| (2) Due from<br>(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 <b>4</b> |
|--------|---|------------|---------------|
| 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.<br>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<br>b | Donated services and use of facilities  |            |               |
| _      |   |            |               |
| C<br>L |   |            |               |
| d      | Other (Describe in Part XIII )  | _          | 24 652        |
| е      | Add lines <b>2a</b> through <b>2d</b>   | 2e         | -21,653       |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  | 3          | 9,424,541     |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>  |            |               |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |            |               |
| b      | Other (Describe in Part XIII )  |            |               |
| С      | Add lines <b>4a</b> and <b>4b</b>   | <b>4</b> c | 0             |
| 5      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )  | 5          | 9,424,541     |
| Par    | <b>t XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per F<br>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 <b>2a</b> through <b>2d</b>   | 2e         | 24,523        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  | 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 <b>4a</b> and <b>4b</b>   | 4c         | 0             |
| 5      | Total expenses Add lines <b>3</b> and <b>4c.</b> (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          |
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|                      |
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|                      |
|                      |
|                      |

#### 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'<br>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<br>ered "Yes" on Form 990, Part IV, line 23.                                       | <b>20</b>  | 18     | ζ    |
|       | <u> </u>                                    |  | Attach               | to Form 990.   | <br>Open ( |        |      |
| •     | tment of the Treasury<br>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<br>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<br>hary spending account                    |                      | Health or social club dues or initiation fees<br>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<br>all of the expenses described above |                      | llow a written policy regarding payment or reimbursement<br>olete Part III to explain            | 1b         |        |      |
| 2     |   | ation require substantiation prior to  |                      | r allowing expenses incurred by all<br>, 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<br>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   |            |        |      |
|       | <b>V</b> Form 990                           | of other organizations   | $\checkmark$         | Approval by the board or compensation committee  |            |        |      |
| 4     | During the year,<br>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<br>If "Yes," on line       | anization?<br>5a or 5b, describe in Part III                                 |                      |  | 5b         |        | No   |
| 6     | For persons liste                           | ed on Form 990, Part VII, Section A<br>ontingent on the net earnings of      | , line 1a, did tl    | he organization pay or accrue any  |            |        |      |
| а     | The organization                            | ٦?   |                      |  | <b>6</b> 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<br>escribed in lines 5 and 6? If "Yes,"  |                      | he organization provide any nonfixed<br>t III  | 7          |        | No   |
| 8     |   | nts reported on Form 990, Part VII   |                      |  |            |        |      |
|       | subject to the in<br>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<br>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<br>compensation | of W-2 and/or 1099-MISC<br>(ii) Bonus & incentive<br>compensation | compensation<br>(iii) Other<br>reportable<br>compensation | (C) Retirement and<br>other deferred<br>compensation | <b>(D)</b> Nontaxable<br>benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in<br>column (B) reported<br>as deferred on prior<br>Form 990 |  |
|--|------|--------------------------|---|---|--|-----------------------------------|------------------------------------|--|--|
| 1 Tarren Bragdon<br>CEO                              | (i)  | 263,485                  | 64,660  | 0   | 16,438   | 0                                 | 344,583                            | 0  |  |
|  | (ii) | 0                        | 0   | 0   | 0  | 0                                 | 0                                  | 0  |  |
| <b>2</b> Jonathan Bechtle<br>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<br>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<br>VP of Advancement                    | (i)  | 197,115                  | 45,564  | 0   | 11,820   | 0                                 | 254,499                            | 0  |  |
|  | (ii) | 0                        | 0   | 0   | 0  | 0                                 | 0                                  | 0  |  |
| <b>5</b> Jonathan Ingram<br>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<br>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<br>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









| efile GRAPHIC print   | - DO NOT PROCESS    | As Filed Data - |                          | DLN: 93493268013369          |
|---|---------------------|-----------------|--------------------------|------------------------------|
| SCHEDULE O<br>(Form 990 or 990-<br>EZ)  |                     |                 | OMB No 1545-0047         |                              |
| Department of the Treasury  |                     | Attach to Forn  |                          | Open to Public<br>Inspection |
| Name Br the ofganization Employer identifie<br>Foundation for Government<br>Accountability Inc 45-2637507 |                     |                 | er identification number |                              |
| 000 Cabadula O. Sum   | lomontal Informatio | •               |                          |                              |

| Return<br>Reference           | Explanation   |
|-------------------------------|---|
| Form 990,<br>Part III, line 3 | The foundation ceased Uncover ObamaCare Project in 2018 |

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

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

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

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

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