		<i>1</i> -	·* Exto	ndod to	November 1	< 202	29493	14916618
۱								OMB No. 1545-0047
For	" <b>g</b> !	90	Return of Or Under section 501(c), 527, or	<b>Yan 12au</b> (1) of 1	he Internal Bevenu	FIUIII I Code (ev	rent private foundation	ans) 2010
		uary 2020)	Do not enter so					
Depa Interr	rtment o ial Rever	of the Treasury nue Service			for instructions ar			C Open to Public Inspection
A F	or the	e 2019 calenda	ar year, or tax year beginning			lending	- · · ·	
Bo	heck if		organization				D Employer identif	ication number
a 	pplicable	Found	dation for Gove					
	Addres change	ACCO	untability, Inc	•			45 0 6 9 10	
	_change	e Doing bu	siness as			1	45-26375	
	Final		and street (or P.O. box if mail is r 5 Collier Blvd.			Room/suite	E Telephone number (239) 24	er <b>14-8808</b>
L	/return/ termin		wn, state or province, country				G Gross receipts \$	10,066,761.
[	ated Ameno Ireturn	ded Nanl	es, FL 34119	, and zir or lon	eigh postal coue		H(a) Is this a group i	
			d address of principal officer.	Tarren B	ragdon		for subordinate	
	pendin		as C above		2		H(b) Are all subordinates	
IT	ax-exe	empt status: L	501(c)(3) 501(c) (	) 🗲 (insert	no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)
			s://www.thefga.				H(c) Group exemption	
		organization: 🗋	Corporation 🔄 Trust 🗋	Association	Other D	L Year	of formation: 2011	M State of legal domicile: FL
Pa		Summary				· · · · · · · · · · · · · · · · · · ·	<b>.</b>	
e			the organization's mission or					
nan			s based on the j					
ver			I he is the organization of the governing			sed of more		7
ទី			ependent voting members of the					6
8			f individuals employed in cale			•		38
vitie			of volunteers (estimate if neces	-			6	0
Activities & Governance	7 a '	Total unrelated	business revenue from Part V	/III, column (C),	line 12	<u> </u>	. 7a	
_	b	Net unrelated I	ousiness taxable income from	Form 990-T, line		<u> </u>	7b	0.
				-			Prior Year	Current Year
an			and grants (Part VIII, line 1h)		SEP 2 5 20	29	9,348,534.	9,949,438.
Revenue		-	e revenue (Part VIII, line 2g)	. [* *			74,763.	116,004.
e			ama (Dart VIII) aalumn (A) luna	a 2 A and 74			/	
α.			ome (Part VIII, column (A), lines (Part VIII, column (A), lines 5, 6		and the UEIN		1,244.	
æ	11 (	Other revenue	(Part VIII, column (A), lines 5, 6	6d, 8c, 9c, 10c,			1,244. 9,424,541.	1,319.
ш. ——	11 ( 12 <sup>-</sup>	Other revenue Total revenue -		6d, 8c, 9c, 10c, equal Part VIII, 6	column (A), line 12)			
н	11 ( 12 13 (	Other revenue Total revenue - Grants and sim	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must )	6d, 8c, 9c, 10 <mark>c,</mark> equal Part VIII, o umn (A), lines 1-	column (A), line 12)		9,424,541. 0. 0.	1,319. 10,066,761. 0. 0.
	11 ( 12 <sup>-</sup> 13 ( 14 )	Other revenue Total revenue Grants and sim Benefits paid to	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must o illar amounts paid (Part IX, colu	6d, 8c, 9c, 10c, equal Part VIII, umn (A), Ines 1- imn (A), Ine 4)	<u>column (A), line 12)</u> 3)		9,424,541. 0. 0. 3,865,648.	1,319. 10,066,761. 0. 0. 3,857,144.
	11 ( 12 ( 13 ( 14 ( 15 ( 16a (	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of lilar amounts paid (Part IX, colu o or for members (Part IX, colu compensation, employee bene indraising fees (Part IX, column	6d, 8c, 9c, 10 <mark>c, equal Part VIII, umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e)</mark>	column (A), line 12) 3) lumn (A), lines 5-10)	· · · ·	9,424,541. 0. 0.	1,319. 10,066,761. 0. 0.
	11 12 13 14 15 16a b	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of lilar amounts paid (Part IX, colu o or for members (Part IX, colu compensation, employee bene indraising fees (Part IX, column og expenses (Part IX, column (f	6d, 8c, 9c, 10 <mark>c, equal Part VIII, 4</mark> umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25)	<u>column (A), line 12)</u> 3)	· · · ·	9,424,541. 0. 0. 3,865,648. 0.	1,319. 10,066,761. 0. 3,857,144. 0.
Expenses	11 ( 12 - 13 ( 14 ( 15 ( 16a ( b - 17 (	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expense	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of illar amounts paid (Part IX, colu- o or for members (Part IX, colu- compensation, employee bene indraising fees (Part IX, column ing expenses (Part IX, column (I s (Part IX, column (A), lines 11a	6d, 8c, 9c, 10c, equal Part VII, o umn (A), lines 1- umn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) ► a-11d, 11f-24e)	column (A), line 12) 3) lumn (A), lines 5-10)	· · · ·	9,424,541. 0. 0. 3,865,648. 0. 4,024,507.	1,319. 10,066,761. 0. 0. 3,857,144. 0. 3,966,540.
Expenses	11 ( 12	Other revenue Total revenue Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expenses Total expenses	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of lilar amounts paid (Part IX, colu- o or for members (Part IX, colu- compensation, employee bene indraising fees (Part IX, column of expenses (Part IX, column (f s (Part IX, column (A), lines 111 5, Add lines 13-17 (must equal	6d, 8c, 9c, 10c, equal Part VII, o umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) a-11d, 11f-24e) Part IX, column	column (A), line 12) 3) lumn (A), lines 5-10)	· · · ·	9,424,541. 0. 0. 3,865,648. 0. 4,024,507. 7,890,155.	1,319. 10,066,761. 0. 0. 3,857,144. 0. 3,966,540. 7,823,684.
Expenses	11 ( 12	Other revenue Total revenue Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expenses Total expenses	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of illar amounts paid (Part IX, colu- o or for members (Part IX, colu- compensation, employee bene indraising fees (Part IX, column ing expenses (Part IX, column (I s (Part IX, column (A), lines 11a	6d, 8c, 9c, 10c, equal Part VII, o umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) a-11d, 11f-24e) Part IX, column	column (A), line 12) 3) lumn (A), lines 5-10)	03.	9,424,541. 0. 3,865,648. 0. 4,024,507. 7,890,155. 1,534,386.	1,319. 10,066,761. 0. 3,857,144. 0. 3,966,540. 7,823,684. 2,243,077.
Expenses	11 ( 12 13 ( 14 ( 15 ( 16a ( 16a ( 16a ( 17 ( 18 ( 19 (	Other revenue <u>Total revenue</u> Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expense Total expenses <u>Revenue less e</u>	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must d inlar amounts paid (Part IX, colu- compensation, employee bene indraising fees (Part IX, column ing expenses (Part IX, column (I s (Part IX, column (A), lines 11a a, Add lines 13-17 (must equal lines expenses, Subtract line 18 from	6d, 8c, 9c, 10c, equal Part VII, o umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) a-11d, 11f-24e) Part IX, column	column (A), line 12) 3) lumn (A), lines 5-10)	03.	9,424,541. 0. 0. 3,865,648. 0. 4,024,507. 7,890,155.	1,319. 10,066,761. 0. 0. 3,857,144. 0. 3,966,540. 7,823,684.
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Net Assets or Fund Balances Expenses	11 ( 12 ( 13 ( 14 ( 15 ( 16a ( 16a ( 17 ( 18 ( 19 ( 19 ( 20 ( 21 ( 22 (	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expense Total expenses Revenue less e Total assets (P Total labilities ( Net assets or fu	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must of ular amounts paid (Part IX, colu- or for members (Part IX, colu- compensation, employee bene indraising fees (Part IX, column ing expenses (Part IX, column (I s (Part IX, column (A), lines 11a a Add lines 13-17 (must equal expenses. Subtract line 18 from art X, line 16) (Part X, line 26) and balances. Subtract line 21	6d, 8c, 9c, 10c, equal Part VIII, umn (A), lines 1- umn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) a-11d, 11f-24e) Part IX, column n line 12	column (A), line 12) 3) lumn (A), lines 5-10)	03.	9,424,541. 0. 3,865,648. 0. 4,024,507. 7,890,155. 1,534,386. ginning of Current Year 4,331,378.	1,319. 10,066,761. 0. 3,857,144. 0. 3,966,540. 7,823,684. 2,243,077. End of Year 6,357,513.
The Assets or Expenses	11 ( 12	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expenses Total expenses Revenue less e Total assets (P Total liabilities ( <u>Net assets or fi</u> Signature	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must ular amounts paid (Part IX, colu- o or for members (Part IX, colu- compensation, employee bene indraising fees (Part IX, column (f s (Part IX, column (A), lines 11 a, Add lines 13-17 (must equal expenses. Subtract line 18 from art X, line 16) (Part X, line 26) and balances. Subtract line 21 Block	6d, 8c, 9c, 10c, equal Part VIII, umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) a-11d, 11f-24e) Part IX, column n line 12	column (A), line 12) 3) tumn (A), lines 5-10) • <u>167, 6</u> (A), line 25)	03. Be	9,424,541. 0. 0. 3,865,648. 0. 4,024,507. 7,890,155. 1,534,386. ginning of Current Year 4,331,378. 741,170. 3,590,208.	1,319. 10,066,761. 0. 0. 3,857,144. 0. 3,966,540. 7,823,684. 2,243,077. End of Year 6,357,513. 367,309. 5,990,204.
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1. 1 The sets or Expenses or Expenses	11 ( 12	Other revenue Total revenue - Grants and sim Benefits paid to Salaries, other Professional fu Total fundraisin Other expenses Revenue less e Total assets (P Total labilities (P Total labilities (P Net assets or fin Signature Signature	(Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must d inlar amounts paid (Part IX, colu- por for members (Part IX, colu- compensation, employee bend indraising fees (Part IX, column (I s (Part IX, column (A), lines 11a control (Part IX, line 16) (Part X, line 16) (Part X, line 26) (Part X, l	6d, 8c, 9c, 10c, equal Part VIII, umn (A), lines 1- imn (A), line 4) efits (Part IX, co n (A), line 11e) D), line 25) Part IX, column n line 12 from line 20 eturn, including a n officer) is based	column (A), line 12) 3) lumn (A), lines 5-10) (A), line 25) (A), line 25) ccompanying schedule on all information of w	03. Be	9,424,541. 0. 0. 3,865,648. 0. 4,024,507. 7,890,155. 1,534,386. ginning of Current Year 4,331,378. 741,170. 3,590,208.	1,319. 10,066,761. 0. 0. 3,857,144. 0. 3,966,540. 7,823,684. 2,243,077. End of Year 6,357,513. 367,309. 5,990,204. y knowledge and belief, it is
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May the IRS discuss this return with the preparer shown above? (see instructions) 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

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No Yes

	, 'Foundation for Government	20500	-
		37507	Page 2
Ра	rt III Statement of Program Service Accomplishments		[ <b>—</b> —]
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u> .	
ł	Briefly describe the organization's mission. The foundation's mission is to formulate and promote public p	olicies	3
	based on the principles of transparency, the free market, ind		
	freedom, and limited constitutional government.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	il expenses, a	nd
	revenue, if any, for each program service reported. (Code ) (Expenses \$ 1,770,487. including grants of \$ ) (Revenue \$		
<b>4</b> a	(Code) (Expenses \$1, 770, 487. including grants of \$) (Revenue \$	dency	but'
	government regulations on jobs make it hard for people to get		
	earn a living especially those in poverty. This project break		4114
	these barriers by promoting work and lessening the burdens fr		
	opportunity-killing regulations like occupational licensing,		ing
	the freedom to work.		
			<u>.                                    </u>
4b	(Code ) (Expenses \$ 3,540,974. including grants of \$ ) (Revenue \$		·····
-10	Welfare Reform: A project to identify and promote policies th	at	,
	successfully move individuals from dependency to full-time wo		<u> </u>
	allow them to quickly escape poverty and to reduce fraud in w		<u> </u>
	programs to protect resources for the truly needy.		
	· · · · · · · · · · · · · · · · · · ·		
	······································		·
4c	(Code ) (Expenses \$ 1,770,487. including grants of \$ ) (Revenue \$		)
	Healthcare Reform: A project to educate lawmakers about prove		
	to restore a free market in the health care system, to includ		
	that expand access, reduce costs, take care of high-risk indi		
	and empower consumers with the knowledge and incentives neces	sary to	)
	shop for high-value healthcare providers.		
		· · ·	
			· · · · ·
			<u>.</u>
4d	Other program services (Describe on Schedule O.)	<u> </u>	· ·
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 7,081,948.		
		Form <b>99</b>	<b>O</b> (2019)

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<u>45-2637507</u>	Page 3

Ра	rt IV   Checklist of Required Schedules		1	
	1 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<b></b>		
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9	ļ	<u>^</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-		11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	4	
128	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019)

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Foundation for Government

Accountability, Inc.

' Form 990 (2019)	Accountability	. Inc.
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<u> </u>		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	120		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ľ		
	Schedule K If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	i i		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			-
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		Х
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
(Day	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a55Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0		ļ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	x	•
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_	Foundation for Government		4	
Form	990 (2019) ' Accountability, Inc. 45-2637	<u>507</u>	P	age <b>5</b>
Par	t,V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		184 - A.	٤.*
	filed for the calendar year ending with or within the year covered by this return 2a 38	in Roman	<u>م</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	il in	نىڭ	3.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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, secunties account, or other financial account)?	4a		X.
b	If "Yes," enter the name of the foreign country	30° 14	2: 3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		W	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5</b> a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6</b> a	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b	L	
7	Organizations that may receive deductible contributions under section 170(c).	22		X
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		· ·	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	24.4	بېلان ئىسىنى	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	منع مقد		S.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	E.E	<u> </u>	1.1.1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	· · · · ·	Ļ.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		B . M.	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	y wate	÷.,*	85
11	Section 501(c)(12) organizations. Enter:	1.4		191 Garden -
а	Gross income from members or shareholders 11a	- 5,00	на. 7, 5	1. CH
b	Gross income from other sources (Do not net amounts due or paid to other sources against	. X.	5 45 B. A.	1.4
	amounts due or received from them.)	المنتقد . م		ليكني <i>لو</i>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1 3 4 4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	8.3	****	A. 7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		· · · · · ·	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	·~~ / . F .	27 97
	Note: See the instructions for additional information the organization must report on Schedule O.	£		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1.25
	organization is licensed to issue qualified health plans 13b			· 2日 
	Enter the amount of reserves on hand	·	ALC 2	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.		فستشد	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	5 <b>1</b> 0	121
	If "Yes," complete Form 4720, Schedule O.			(2019)
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Form	1990 (2019) Accountability, Inc. 45-263			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing	<b>.</b> .		-
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
ь	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<b>-</b>	<u> </u>	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		<u>`</u>
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>-</u>		
12a		12a	X	
ь		12b	X	<u> </u>
С			v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<b> </b>
14	Did the organization have a written document retention and destruction policy?	14	X	
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?		X	لسحم
a	The organization's CEO, Executive Director, or top management official	15a 15b		x
b		130		<u> </u>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		<u> </u>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		f
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AR, CT, FL, GA, IL, NJ, NY, NC, V	A,WA	,WI	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			able
	for public inspection. Indicate how you made these available. Check all that apply.	,., <b>,</b>	,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finar	ncial	
	statements available to the public during the tax year.			
~~				

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

'Foundation	for	Government
Accountabil	itv	. Inc.

45-2637507 -

rm 990 (20	19)	Accour	11
Part VIII G	overnance	Manadem	or

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Form 990 (2019)	
David VIII O	

	0 (2019) Accountability, Inc.	45-2637507	Page
Part V	II Compensation of Officers, Directors, Trustees, Key Employees, Highes	t 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

'Foundation for Government

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	hал	compensation	compensation	amount of
	week	<u> </u>	cerar	nd a d	recto	w/bus T	tee) T	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	ordii	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	pens		(W-2/1099-MISC)		organization and related
	below	Lual tr	tional		old.	ye an				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	orme			organizationo
(1) Andrea Forrest Brock	2.00	-			-					
Chair		X		X				0.	0.	Ο.
(2) Robert Levy	1.00									
Director		X						0.	0.	0.
(3) Betty Neighbors	1.00									
Director		X						0.	0.	0.
(4) Stephen Pryor	1.00									
Director		X			L			0.	0.	0.
(5) Robert Harden	1.00									_
Director		X						0.	0.	0.
(6) Bridgett Wagner	1.00									-
Director		X						0.	0.	0.
(7) Tarren Bragdon	38.00								-	
СВО		X		X				338,160.	0.	38,000.
(8) Jonathan Bechtle	36.00									10 000
COO & General Counsel				X				255,839.	0.	19,000.
(9) Kristina Rasmussen	40.00							250 024		14 050
VP of Federal Affairs						X		258,934.	0.	14,250.
(10) Robin Walker	40.00					.,			•	10 000
Director Of Federal Affairs	40.00					X		228,353.	0.	19,000.
(11) Jonathan Ingram	40.00					x		222 051	0.	16 010
VP of Research	40.00					<b>^</b>		222,951.	0.	16,919.
(12) Samuel Adolphsen	40.00					x		107 101	0.	2 042
Policy Director (13) Whitney Munro	40.00					•		187,191.		2,942.
VP of Communications	40.00					x		178,929.	0.	10,142.
						~		1/0,525.		10,142.
										<u> </u>
										Form 990 (2010)

Foundatio					neı	nt							
Form 990 (2019) Accountal									45-2	<u>637</u>	<u>507</u>	Page	<b>8</b> (
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unie	Pos heck	more rson	) than is bot or/trus	h an		(E) Reportable compensatio from related	on	Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	compa fror orgar and i	ensation the nization related izations	
- <u></u>													
	· · · · · ·												_
												<u>.</u>	
1b Subtotal								1,670,357.		0.	120	,253	_
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	<u>.                                    </u>	-						0.		0.	120	,253	). 3.
Total number of individuals (including but n compensation from the organization		iose	liste			e) wr	10 r		,000 of reportab				<u>6</u>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			key e	empl	loye	e, or	' hiç	ghest compensated emp	oloyee on	[	3		<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization			x	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ted organization or indivi	dual for services		5	· · · · · · · · · · · · · · · · · · ·	ι; ζ
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipensa		m	
(A) Name and business								(B) Description of s	ervices	C	(C) pmpens	ation	
Pixelbox Visual Design, 2 Drive, Brookfield, WI 530	05					L.		Video/photos			219	,423	<u>.</u>
Firehouse Strategies LLC NW, Suite 1100, Washingto Strat AD LLC	pn, DC 2	200	005	5	:L			Public Relat	ions	<u> </u>	147	<u>, 271</u>	· •
7962 Guadiana Way, Ave Ma ConnectSouth LLC, 3290 No						<b>N</b>	_	Public Relat	ions		140	,000	<u>.</u>
#675, Atlanta, GA 30327 Woodberry Associates, 12	75 Penns	iy]	Lva	ini	a			Public Relat				<u>,630</u>	
Avenue NW, #1100a, Washin 2 Total number of independent contractors (in					tho		_	Legal Resear			120	,381	•
\$100,000 of compensation from the organiz	zation				9	•							ļ

•

• •		,	_			or Govern	ment	•	45 0605	
					<u>b111</u>	Ly, Inc.			45-2637	507 Page 9
Pa	Ŭ,			-						
			Check if Schedule O	contains a	response	or note to any li	A (A)	· · · · · · · · · · · · · · · · · · ·	(C)	
				r *			Total revenue	Related or exempt	Unrelated	Revenue excluded
			•		~			function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a				Shirts Shirts	distanti de servicio de ser
nen	'		Membership dues		15		Standing of Victoria			an dha na ar
Contributions, Gifts, Grants and Other Similar Arrounts	-		Fundraising events		1.					
			Related organizations		1d					
in, s	3	е	Government grants (contr	ributions)	1e					
er S		f	All other contributions, gifts,	grants, and		· · · ·				
- iež	6		similar amounts not included		1f	9,949,438.				
		g		lines 1a-1f	1g \$					
<u>, 0 a</u>		h	Total. Add lines 1a-1f	<u>.</u>	•	<u>, Þ</u>	·· 9,949,438.			
_		,	· · · ·	r	• , • .	Business Code		I TANG MARING MARINE		
/ice	2	а	<u>.</u>					• • •		
Sen		b	,				~			· · · ·
E		C A								· · ·
Program Service Revenue		u 0			· · ·					
Pro		f	All other program service	revenue	. <u> </u>					<b>†</b>
		a	Total, Add lines 2a-2f				, , ,			
	3		Investment income (includ	ding dividei	nds, inter	est, and				
			other similar amounts)	-		. •	116,004.		, ,	116,004.
	4		Income from investment of	of tax-exem	pt bond j	oroceeds 🕨 🕨	i			
	5		Royalties .	·	· ·		, ,		·	л <u>,</u>
	-		· · ·		Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b	•					
٠		۲.	Rental Income or (loss)	6c		<u> </u>			and the second second second	<b>建立。</b> 如何是
	_		<ul> <li>Net rental income or (loss) Gross amount from sales of</li> </ul>		ecurities	(ii) Other	h en skalen i kan de skalen.	and the second		90075450757°25498
	1	a	assets other than inventory	72	scurities					
		h	Less: cost or other basis	· · ·			1.84-0.70			
nue		-	and sales expenses	76						
		с	Gain or (loss)	7¢					STRAIN AND A BOARD	
Other Reve		đ	Net gain or (loss)			. ►				
her	8	a	Gross income from fundraisin	ng events (n	ot 🔽					
ð			including \$		of					
			contributions reported on	line 1c). Se	e	ľ				
			Part IV, line 18		. <mark>8</mark> a					
			Less: direct expenses		8b	l				
		c	Net income or (loss) from t			, <u> </u>	LENS APPRILIPATION	ANTE BUILDERATE	53-617 - 319-367 78 42 - 7486 - 2.14	NY MARCHING WA
	9	а	Gross income from gaming Part IV, line 19	y activities.		1				
		ь	Less: direct expenses		9a 9b	····· , ··				
			Net income or (loss) from g	daming act		L	10-18-18-18-18-18-18-18-28-19-28-14-22-24	2079LD AMARK SPILANS PERMIN	reasonant berrita parti Juga	ANTAL AND A SPACE AND A SPACE AND A SPACE
	10		Gross sales of inventory, le			<b></b>	<b>花枝</b> 的花枝		C. A. BARRIN	
	-		and allowances		10a	L				
`. ,		b	Less: cost of goods cold	,	TOL	rr				
	-		Net income or (loss) from s	sales of inv	entory .		,			
S			7	,	0	<b>Business Code</b>				
eou	11	а	Other revenue			900099	1,319.			1,319.
ient	,	Ь	· · · · · · · · · · · · · · · · · · ·					, , , , , , , , , , , , , , , , , , ,	6	
Miscellaneous Revenue		С		,						
Ĩ.			All other revenue	- ,		L		And ANT & A. P. State L. M. State And Market	Jan War Han Tell I'v Che 15 4 14 Jak	hall of the star that have the
		_	Total. Add lines 11a-11d	<u></u>	<u></u>	<b>_</b>	1,319.		実は気気は出気はほう、	
	12		Iotal revenue. See instruction	ns		. '	10,066,761.	0.	0.	117,323.

## 'Foundation for Government Accountability, Inc.

Form	Accountabil Accountabil Accountabil			45-2	637507 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must con		per organizations must c	omplete column (A)	
Do	Check if Schedule O contains a respo not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·		A CONTRACT OF
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3.	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- <del>-</del> 5	Compensation of current officers, directors,			HAMMAR STAND CONSTRUCTION CONST	C AND AN AND AND AND A FRANCE OF THE SECTION OF THE
5	trustees, and key employees	650,998.	589,877.	39,008.	22,113.
6	Compensation not included above to disqualified			3370001	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		•		
7	Other salaries and wages	2,856,480.	2,588,287.	171,161.	97,032.
8	Pension plan accruals and contributions (include				, •
Ū	section 401(k) and 403(b) employer contributions)	97,832.	82,876.	12,311.	2,645.
9	Other employee benefits	4,089.		4,089.	
10	Payroll taxes	247,745.	233,816.	7,271.	6,658.
11	Fees for services (nonemployees):				
а	Management				
ь	Legal	171,233.	169,333.	1,817.	83.
с	Accounting	53,380.		53,380.	
	Lobbying				·
е	Professional fundraising services. See Part IV, line 17		なた。社会議論論論が影響	教室を開始にある。	
f	Investment management fees	٢,			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,333,645.	2,252,490.	77,155.	4,000.
12	Advertising and promotion	78,326.	78,326.	•	
13	Office expenses	194,626.	93,829.	99,463.	1,334.
14	Information technology	32,038.	31,858.	180.	
15	Royalties				
16	Occupancy .	38,106.	3,600.	34,506.	
17	Travel	268,190.	243,145.	498.	24,547.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,	<u> </u>		0.465
19	Conferences, conventions, and meetings	639,789.	616,924.	13,700.	9,165.
20	Interest			·	
21	Payments to affiliates	10 164	·	10 101	
22	Depreciation, depletion, and amortization	12,164.		12,164.	
23		13,720.	· 12.19.142 点.14.2014年 第三人名英格兰尔 ···	13,720.	V MARIA CONTRACTOR
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	128,198.	95,427.	32,771.	
a	License and permits	3,125.	2,160.	939.	26.
b	Trense and bermins	J, 14J.	4,100.		20.
C A			•		
d	All other expenses				· · · · · · · · · · · · · · · · · · ·
	All other expenses Total functional expenses. Add lines 1 through 24e	7,823,684.	7,081,948.	574,133.	167,603.
<u>25</u>	Joint costs. Complete this line only if the organization	1,025,004.	1,001,340.	, <del>, , , , , , , , , , , , , , , , , , </del>	T0/,003.
26	reported in column (B) joint costs from a combined			, ,	
	educational campaign and fundraising solicitation.			,	
	Check here Carrier if following SOP 98-2 (ASC 958-720)				
	L II IOIIOWING SUP 98-2 (ASC 958-720)				<b>F</b> _ 000 (sector)

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Foundation	for	Government
Accountabil	itv	. Tnc.

Form	1 990 (i	Accountability, Inc.		45-	2637507 Page 11
		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · ·		:
			(A) Beginning of year		<b>(B)</b> End of year
	11	Cash - non-interest bearing	649,974.	11	622,487.
	2	Savings and temporary cash investments	555,187.	2	3,074,184.
	3	Piedges and grants receivable, net	100,000.	3.	39,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		1000	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
•		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	· · ·
s	7	Notes and loans receivable, net	· · ·	7	
Assets	8	Inventories for sale or use	•	8	
◄	9	Prepaid expenses and deferred charges	23,144.	9	90,957.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 62, 575.			
ν.	Ü	Less: accumulated depreciation ' 10b 38,698.	. 25,178.	10c	23,877.
	11	Investments - publicly traded securities	1,526,184.	11	2;356,387.
1	12	Investments - other securities, See Part IV, line 11		12	
	13	Investments · program related. See Part IV, line 11	• •	13	
1	14	Intangible assets	1 461 011	14	
	15	Other assets. See Part IV, line 11	1,451,711.	15	150,621.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>4,331,378.</u> 741,170.	16	<u>, 6,357,513.</u>
	17	Accounts payable and accrued expenses	/41,1/0.	17	· 367,309.
, <b>1</b>	18	Grants payable	· · ·	18	·
	19	Deferred revenue		19	1
•	20	Tax-exempt bond liabilities	· .	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Service Lands - Adamanda Street	21	S THE MARTINE REAL PROPERTY AND
ties	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	<b>\</b>	controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third	•		· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24). Complete Part X	1		·
		of Schedule D	٠.	25	
	26	Total liabilities. Add lines 17 through 25	741,170.	26	. 367,309.
	-	Organizations that follow FASB ASC 958, check here 🕨 🛣			
ces		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	3,315,208.	27	5,769,904.
189	28	Net assets with donor restrictions	275,000.	28	220,300.
n		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
L L		and complete lines 29 through 33.			
, s	29	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	29	•
sse	30 .	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	, F 000 004
ž	32	Total net assets or fund balances	3,590,208.	32	5,990,204.

5,990,204. 6,357,513. 'Form 990 (2019)

3,590,208. 4,331,378.

33

932011 01-20-20

33

Total liabilities and net assets/fund balances

1

11

••

Form 990 (2013)       Accountability, Inc.       45-2637507       Page 12         [Part XI] Reconciliation of Net Assets		Foundation for Government				
Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)         2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       3         5       10, 066, 761.         2       7, 823, 684.         3       Revenue less expenses. Subtract line 2 from line 1         4       3, 590, 208.         5       156, 919.         6       7         7       6         9       Onated services and use of facilities         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)         9       Other changes in net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       Net assets or fund balances at response or note to any line in this Part XII         9       Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990.       Cash       Cash         1       Accounting method used to prepare the Form 990.       Cash       Cash       Cash	Form	Accountability, Inc.	45-26	37507	Pa	ge <b>12</b>
1       Total expenses (must equal Part VIII, column (A), line 12)       1       10,066,761.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7,823,684.         3       Revenue less expenses. Subtract line 2 from line 1       3       2,243,077.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,590,208.         5       Donated services and use of facilities       6       7         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0.         11       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other         11       fif he organization changed its method of accounting from a pinor year or checked "Other," explain in Schedule 0.       2a       X         11       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both:       Separate basis.       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2a       X         11       Yes, 'heck a box below t	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7,823,684.         3       Revenue less expenses. Subtract line 2 from line 1       3       2,243,077.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,590,208.         5       Intermatized gains (losses) on investments       6       156,919.         6       7       1       Revenue less expenses.       6         7       8       9       0.       6         7       8       9       0.       9       0.         8       9       0.       9       0.       10         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5,990,204.       9       0.         9       0.       10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       5,990,204.       10       5,990,204.         Pear XII       Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI			-	
2       Total expenses (must equal Part IX, column (A), line 25)       2       7,823,684.         3       Revenue less expenses. Subtract line 2 from line 1       3       2,243,077.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,590,208.         5       Intermatized gains (losses) on investments       6				•		
3       Revenue less expenses. Subtract line 2 from line 1       3       2,243,077.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,590,208.         5       Net unrealized gains (losses) on investments       5       156,919.         6       7       8       9       0.         7       8       9       0.       9       0.         9       0.ther changes in net assets or fund balances (explain on Schedule 0)       9       0.       10       5,990,204.         Part XII Financial Statements and Reporting       10       5,990,204.       10       5,990,204.         Part XII Financial Statements and Reporting       10       5,990,204.       10       5,990,204.         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other       11         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other       12         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other       12         1       Accounting francial statements audited basis.       Both consolidated and separate basis.       Check if Schedule 0.       2a       X         2       We	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
<ul> <li>A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Investment expenses</li> <li>Prior penod adjustments</li> <li>Other changes in net assets or fund balances (explain on Schedule O)</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>To ket assets or fund balances (explain on Schedule O)</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>To ket assets or fund balances (explain on Schedule O)</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Check if Schedule O contans a response or note to any line in this Part XII</li> <li>Check if Schedule O contans a response or note to any line in this Part XII</li> <li>Accounting method used to prepare the Form 990. Cash X Accrual Other if the organization s financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis, consolidated basis or both:</li> <li>Separate basis Consolidated basis D Both consolidated and separate basis</li> <li>Were the organization's financial statements and selection of an aspearate basis.</li> <li>Were the organization changed either rits oversight process or selection process during the tax year, explain on Schedule 0.</li> <li>Separate basis, or both:</li> <li>X Separate basis Consolidated basis D Both consolidated and separate basis.</li> <li>If the organization changed either rits oversight process or selection process during the tax year, explain on Schedule 0.</li> <li>Separate basis or both:</li> <li>X Separate basis Consolidated basis or selection p</li></ul>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   0   7   8   9   9   0   9    10   5    9    10   10   10    10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10 <tr< th=""><th>3</th><th>Revenue less expenses. Subtract line 2 from line 1</th><th>3</th><th></th><th></th><th></th></tr<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities         7       8         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         11       Check if Schedule O contains a response or note to any line in this Part XII         12       Check if Schedule O contains a response or note to any line in this Part XII         14       Accounting method used to prepare the Form 990.       Cash         15       Accounting from a pnor year or checked "Other," explain in Schedule O.         16       Yes       No         1       Accounting method used to prepare the Form 990.       Cash         16       The organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O.         17       If the organization's financial statements compiled or reviewed by an independent accountart?         16       Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b         18       Separate basis       Consolidated basis       Both consolidated an	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses   8 Prior penod adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E))   10 5,990,204.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990.   2a X   Were the organization changed its method of accounting from a pror year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.   b Were the organization's financial statements audited basis   b Both consolidated basis.   consolidated basis. Other the financial statements for the year were audited on a separate basis.   consolidated basis. Other   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?   if the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required a	5	Net unrealized gains (losses) on investments	5	15	6,9	<u> 19.</u>
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990. Cash X Accrual Other</li> <li>If the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.</li> <li>Were the organization financial statements and selection of an independent accountant?</li> <li>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 the financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process or suit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 5,990,204.</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prory year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:</li> <li>Both consolidated and separate basis</li> <li>b Were the organization of its financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis Consolidated basis Both consolidated and separate basis.</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis Consolidated basis Both consolidated and separate basis.</li> <li>c 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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or a</li></ul>	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       5,990,204.         Part XII       Financial Statements and Reporting       10       5,990,204.         Check if Schedule O contains a response or note to any line in this Part XII       1       Yes         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other         If the organization changed its method of accounting from a pror year or checked "Other," explain in Schedule O.       2a       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         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       X </th <td>8</td> <td>Prior period adjustments</td> <td>8</td> <td></td> <td></td> <td></td>	8	Prior period adjustments	8			
column (B)       10       5,990,204.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other         If the organization changed its method of accounting from a pror year or checked "Other," explain in Schedule O.       2a       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," thethe data basis:       Consolidated basis       B	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1       Accounting method used to prepare the Form 990.       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				_
1       Accounting method used to prepare the Form 990.       Cash       X       Accrual       Other         If the organization changed its method of accounting from a proryear or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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 process during the tax year, explain on Schedule O.       2c       X         3a       X       If "Yes," did the organization undergo the required audit or audits? If the organization did not underg		Check if Schedule O contains a response or note to any line in this Part XII		•		
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<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated ba</li></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		23		X
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		Ĺ

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				<b>Public Cha</b>	rity Status an	id Pul	blic S	upport		0040
(F)	orm 99	00 or 990-EZ)	c		nization is a section 50 47(a)(1) nonexempt cha			or a section		2019
		of the Treasury			Attach to Form 990 or I					Open to Public
		nue Service			v/Form990 for instructi	ons and t	he latest i	nformation.		Inspection
Na	ne of t	the organizati			Government					identification number
Б		Decent		ountability						5-2637507
L	art I				All organizations must co				S	
	organ				(For lines 1 through 12, o					~
1					on of churches describe			1)(A)(I).	ſ	$\gamma$
2	H				(Attach Schedule E (Forr			::\	C	
3 4	H	•	-	• •	anization described in si onjunction with a hospita			•	Wiji) Entor	the bospital's name
-		city, and state	-	zation operated in co	injunction with a nospital	ruescribe	0 11 80040		gun, cate	the nospital s name,
5		-		for the benefit of a co	blege or university owne	d or opera	ted by a d	overnmental	unit descrit	
0	·	-	-	Complete Part II.)						
6		-			mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	•		-	antial part of its support				the general	public described in
		•		Complete Part II.)					5	•
8		A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research or	rganization described	In section 170(b)(1)(A)	ix) operat	ed in conju	unction with a	land-grant	college
		or university o	or a non-land	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	e or
	·····	university.								
10		An organization	on that norm	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind gross receipts from
		activities relat	ted to its exe	mpt functions - subje	ect to certain exceptions,	and (2) n	o more tha	in 33 1/3% of	tts suppor	t from gross investment
					e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	<b>[</b>			omplete Part III.)						
11	H	-	-	-	evely to test for public sa	•				
12	ليتعتبا	-	-	-	sively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) o					neck the box in
		7	-		of supporting organizatio supervised, or controlled		-		-	
•					gularly appoint or elect a	• •				
			-	complete Part IV, S	- • · ·					apporting
t	, []	<b>n</b> –		-	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	ving
		control or m	nanagement	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or mana	age the sup	ported
		organization	n(s). You mu	st complete Part IV,	Sections A and C.					
C	:	] Type III fun	nctionally int	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
	<b></b>	_ its supporte	ed organizatio	on(s) (see instruction:	s). You must complete l	Part IV, Se	ections A,	D, and E.		
C	<u>ا</u> ا	J Type III nor	n-functional	ly integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not f	unctionally in	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	r	י <sup>י</sup>	•	•	nplete Part IV, Sections		-			
e	• L		-		written determination fro			а Туре I, Туре	ili, Type Ill	
	<b>5</b>		-		nally integrated support	ing organi	zation.			r
1		er the number of the following the second seco	••	organizations in about the support	-			•		
		i) Name of suppo		(II) EIN	(III) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	Ing document? No	support (see ir	structions)	support (see instructions)
<u> </u>										
			<u> </u>							
			······································							
			<u> </u>	<b></b>						
<del>.</del>	-1			<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Tota I HA		aperwork Rev	duction Act I	Notice, see the Inch	uctions for Form 990 o	r 990.F7	B32027 00	25-19 Scho	tule A /Ear	m 990 or 990-EZ) 2019
						India			and to fir of	

## Foundation for Government Schedule A (Form 990 or 990 EZ) 2019 Accountability, Inc.

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

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

Sec	ction A. Public Support			, , ,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					,	
	include any "unusual grants.")	3,573,449.	4,516,590.	6,657,819.	9,348,534.	9,949,438.	34,045,830.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			,			
	or expended on its behalf						,
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,573,449.	4,516,590.	6,657,819.	9,348,534.	9,949,438.	34,045,830.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,849,939.
6	Public support: Subtract line 5 from line 4	<b>新成长的长期</b> 和44				tion and an instants of our	14,195,891.
	ction B. Total Support	······		· · · · · · · · · · · · · · · · · · ·		, ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3,573,449.	4,516,590.	6,657,819.	9,348,534.	9,949,438.	34,045,830.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	295.	3,730.	17,984.	74,763.	116,004.	212,776.
9	Net income from unrelated business						
•	activities, whether or not the			•			•
	business is regularly carried on						
10	Other income. Do not include gain		· · · · · · · · · · · · · · · · · · ·				
	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,244.	1,319.	2,563.
11	• • •						34,261,169.
12	Gross receipts from related activities,					12	374,557.
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ix vear as a section		•
	organization, check this box and stor	here .			· ··· · ···		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	41.43 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14	· ,		15	45.67 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\blacktriangleright$
ь	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	fies as a publicly s	supported organization	ation	,	•	
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		-	
ь	10% -facts-and-circumstances tes	•	•		0	7a, and line 15 is	10% or
-	more, and if the organization meets th	_					
	organization meets the "facts-and-circ	,			- •		
18	Private foundation. If the organizatio		-			•	s
						dule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2019	Accountability,	Inc.	_ 4
Part III Support Schedule fo	r Organizations Describ	ed 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.)

Sec	ction A. Public Support	······································	· · · · · · · · · · · · · · · · · · ·				/
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				1		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ĺ			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		/				
C	Add lines 7a and 7b		·				
	Public support. (Subtract line 7c from line 6.)					ll	
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	-
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	X					
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						· · · · · · · · · · · · · · · · · · ·
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI/					<u> </u>	
	Total support. (Add lines 9, 10c, 11, and 12)	L					
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
500	check this box and stop here ction C. Computation of Publ		rcontago		<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 🖻 🛄
_	Public support percentage for 2019 (			ackump (ft)		46	
15 16	/ -		-			15	<u>%</u>
-	ction D. Computation of Inve			·····			/0
	Investment income percentage for 20			ne 13. column (ft)	······	17	%
18	investment income percentage for 20					18	% %
	33 1/3% support tests - 2019. If the			 	15 is more than 3	I	
130	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2018. If the				· · · ·		nd 🖛 🛄
1	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		-			-	

Schedule A (Form 990 or 990-EZ) 2019

## Foundation for Government Schedule A (Form 990 or 990 EZ) 2019 Accountability, Inc.

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Yes No

Part IV	Supporting Organizations
	(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
  (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If \*Yes, " explain in Part VI what controls the organization used
- to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (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; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.** 

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

- B 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).
- Ba Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined 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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Schedule A (Form 990 or 990-EZ) 2019

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Foundation for Government Schedule A (Form 990 or 990 EZ) 2019 Accountability, Inc.

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Pa	rt IV Supporting Organizations (continued)	· · · · -	<del></del>	<del></del>
		W. 14	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		می شکنه ا مسکنه ا	+++++++++++++++++++++++++++++++++++++++
	below, the governing body of a supported organization?	11a	<u> </u>	<b> </b>
	A family member of a person described in (a) above?	11b	<b> </b>	┢──
	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.	<u>11c</u>		<u> </u>
Sec	tion B. Type I Supporting Organizations			T
		<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		4.5	2.5
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Stater 21	¥	
	controlled the organization's activities. If the organization had more than one supported organization,		8	1.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	S. Star	1	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			105
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2. A.		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	11.11		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		BARN MEA	Yes	No
1,				1. M 199
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		<u></u>	
	or management of the supporting organization was vested in the same persons that controlled or managed	Samuel	1111	لأنتقت
0	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
		Harry 4	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		و موجوع میں اور
	' organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	S		1
٠	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			يتخب
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	5.3	. top
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	X		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	. And the second second	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	4 1	. 54	in
5	significant voice in the organization's investment policies and in directing the use of the organization's		6.3	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			1
	supported organizations played in this regard.	ىمل <i>كىمۇرىچە</i> 2	نتمتك	الم هادلية
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	).	· · ·	
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	;)	٠
2	Activities Test. Answer (a) and (b) below.		Yes	No
.a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ia di	52.5	j.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			10 F
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1.
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	100	100	4
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	S. Caral		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1. A. A.		م مدينية الم
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	Section of	Array OF 1	3. 46
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	وا غار	مىگەر	1.4.4. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь		Star Star	15.2	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

Foundation	for	Government

## Schedule A (Form 990 or 990 EZ) 2019 Accountability, Inc.

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	other Type III non-functionally integrated supporting organizations must ci	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income	-	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1	*	•
2	Recovenes of pnor-year distributions	2		· ·
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		,	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		•
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	• •	
Sect	ion B - Minimum Asset Amount	-	· (A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
<u> </u>	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	· •	
.3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1.1/2% of line 3 (for greater amount,			
<u>.</u>	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	• •	
6	Multiply line 5 by .035.	6		
7	Recovenes of prior year distributions	7		•
8	Minimum Asset Amount (add line 7 to line 6)	8	· · ·	
Sect	ion C - Distributable Amount	•		. Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		3
2	Enter 85% of line 1.	2		*
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	MAKES MARTENANCE (M	
4	Enter greater of line 2 or line 3.	4	<b>建成的现在分词</b>	•
5	Income tax imposed in prior year	5		*
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		· ·

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

Schedule A (Form 990 or 990-EZ) 2019

Foundation for Government

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	edule A (Form 990 or 990 EZ) 2019 Accountabilit	y, inc.	4	5-2637507 Page 7
Pa	rt.V. Type III Non-Functionally Integrated 509	y		
Sect	ion D - Distributions	· · · · · · · · · · · · · · · · · · ·	Current Year	
1	Amounts paid to supported organizations to accomplish exit			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
<u> </u>	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	<u>'</u>	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		·	
6	Other distributions (describe in Part VI). See instructions.	-		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e	'n
	(provide details in Part VI). See instructions.		• · · · · · · · · · · · · · · · · · · ·	
9	Distributable amount for 2019 from Section C, line 6		•	
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<u> </u>	·	- SAME BOAT AM SAME AND	的行。从内部市民公司公司运行的政治的"公司。	
	Distributable amount for 2019 from Section C, line 6			INC BANKS CO. PARAMANTANI PARAMA
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.		Industry advision of the test of the factors	
3	Excess distributions carryover, if any, to 2019			
-	From 2014		HARDER THE REAL OF THE PRODUCT AND ADDRESS OF THE PRODUCT	
-	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALLE	an samulation and the same	
	Applied to 2019 distributable amount		LINE FOR THE COMPANY OF THE SECOND	and to the second of the second second
<u> </u>	Carryover from 2014 not applied (see instructions)	· · · · ·		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	BELLEY TO THE REPORT OF A DESCRIPTION OF A	n an	
4	Distributions for 2019 from Section D,			
	line 7. <u>\$</u>		and all all to share the second station	
	Applied to underdistributions of prior years		LUF AF BELY METHING OF SK	
	Applied to 2019 distributable amount	AND THE REAL PROPERTY OF A CARLE STRATEGY		
<u> </u>	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if		Parata Andre An 1	
9	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			, ·
	Part VI. See instructions.			<b>,</b> п
7	Excess distributions carryover to 2020. Add lines 3		1994、美国新闻的1996年1996年1996年1996年1996年1996年1996年1996	
1	-	,		
8	and 4c. Breakdown of Ime 7.		CONTRACTOR AND	
	Excess from 2015		and the second	T THE MEAN PROPERTY OF THE PRO
	* Excess from 2016			
	Excess from 2016	en som anden der der der Staten in der Staten in der Staten im der Staten im br>Staten im Staten im Sta	HALLEY PARTIES AND	ALLER FREEDER STERE AND ALLER AND ALL AND A
	Excess from 2018	THE PARTY AND	THE REPORT OF THE PARTY OF THE P	ar den fan it ferste fan de ferste
	Excess from 2019		NAMES AND	
e	LAUG35 11011 2017	and real partners are the transforming of the shell of the		and ment report the interview of the second of

Schedule A (Form 990 or 990-EZ) 2019

•	, , , ,	Foundation	for	Government	
Schedule A	(Form 990 or 990-EZ) 2019				45-2637507 Page 8
Part VI	Part IV, Section A, lines 1, line 1, Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, ( lines 2 and 3; Part IV, 5	5, 9a, 9t Section B	tions required by Part II, line 10; Part II, b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, li 2, 5, and 6. Also complete this part for	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
			•		
				· · · · · · · · · · · · · · · · · · ·	
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932028 09-25-	19				Schedule A (Form 990 or 990-EZ) 2019

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## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Q

Open to Public

Inspection

Department of the Treasury

Internal Revenue Service

932041 11-26-19

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization	• Foundat	ion for Governme	nt	Emp	loyer identification number
	Account	ability, Inc.			45-2637507
Part I-A Com		ganization is exempt und	ler section 501(c)	or is a section 527 of	organization.
1 Provide a descr	iption of the organi	zation's direct and indirect politic	al campaign activities i	n Part IV.	
2 Political campai	gn activity expendi	tures		► \$	S
3 Volunteer hours	for political campa	ign activities			
Part I-B Com	plete if the or	ganization is exempt und	ler section 501(c)(	3).	
1 Enter the amou	nt of any excise tax	incurred by the organization un	der section 4955		S
2 Enter the amou	nt of any excise tax	incurred by organization manag	ers under section 4955	• \$	S
3 If the organizati	on incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes Wo
4a Was a correctio	n made?				🔄 Yes 🔛 No
b If "Yes," describ					<b> </b>
Part I-C Corr	plete if the or	ganization is exempt und	ler section 501(c),	except section 501	(c)(3).
1 Enter the amou	nt directly expende	d by the filing organization for se	ction 527 exempt funct	ion activities 🔜 🕨 🕏	
2 Enter the amount	nt of the filing orgai	nzation's funds contributed to of	her organizations for se	ction 527	
exempt function	activities			🕨 🕈	
3 Total exempt fu	nction expenditure	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL,		
line 17b				▶ \$	i
4 Did the filing org	anization file <b>Form</b>	1120-POL for this year?			Yes No
5 Enter the name	s, addresses and e	mployer identification number (El	N) of all section 527 po	litical organizations to which	ch the filing organization
	•	ation listed, enter the amount pai			•
	•	romptly and directly delivered to		•	ate segregated fund or a
political action o	ommittee (PAC). If	additional space is needed, prov	vide information in Part I	IV.	
<b>(a)</b> Na	ame	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				i iunus. Il none, enter-o	delivered to a separate
					political organization.
<u></u>					lf none, enter -0.
<u> </u>				<u> </u>	<u> </u>

		for Governm	ent	• •	•	
Schedule C (Form 990 or 990 EZ) 2019	Accountabil	ity, Inc.			637507 Page 2	
Part II-A Complete if the or	ganization is exe	mpt under sectio	n 501(c)(3) and fi	ed Form 5768 (el	ection under	
section 501(h)).				<b>,</b>	<i>'</i>	
A Check 🕨 🛄 rf the filing organiz	ation belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,	
expenses, and sha	are of excess lobbying	expenditures).			•	
B Check 🕨 🛄 if the filing organiz	ation checked box A a	nd "limited control" pro	ovisions apply.			
	nits on Lobbying Expe	nditures unts paid or incurred.	)	' <b>(a)</b> Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to in		(grassroots lobbying)	· ·		•	
<b>b</b> Total lobbying expenditures to in				132,517.		
c Total lobbying expenditures (add	-	cy (uncer lobbying)	• • •	132,517.		
d Other exempt purpose expenditu		•		8,380,948.		
e Total exempt purpose expenditur		d). (		8,513,465.		
f Lobbying nontaxable amount. En			h columns.	575,673.		
If the amount on line 1e, column (a)		bying nontaxable am				
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,0	00,000 \$100.0	00 plus 15% of the exc	ess over \$500,000			
Over \$1,000,000 but not over \$1,		00 plus 10% of the exc				
Over \$1,500,000 but not over \$1		00 plus 5% of the exce				
Over \$17,000,000	- \$1,000	,000.				
· · · · · · · · · · · · · · · · · · ·						
g Grassroots nontaxable amount (e	enter 25% of line 1f)			, 143,918.		
h Subtract line 1g from line 1a. If ze	ero or less, enter -0-	•	<b>~</b>	0.	,	
i Subtract line 1f from line 1c. If ze	ro or less, enter -0-	1	•	; 0.		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
	ero on either line mor	line II, did the organiza	ation file Form 4720			
reporting section 4911 tax for the	s year?	•			Yes No	
reporting section 4911 tax for this	s year? • 4-Year Av	eraging Period Under	Section 501(h)	[		
· ·	s year? 4-Year Av that made a section s	eraging Period Under 601(h) election do not	Section 501(h) have to complete all	of the five columns b		
reporting section 4911 tax for this	s year? 4-Year Av that made a section s See the separ	eraging Period Under 601(h) election do not rate instructions for lin	Section 501(h) have to complete all nes 2a through 2f.)	of the five columns b		
reporting section 4911 tax for this (Some organizations	s year? 4-Year Av that made a section s See the separ	eraging Period Under 601(h) election do not	Section 501(h) have to complete all nes 2a through 2f.)	of the five columns be		
reporting section 4911 tax for this	s year? 4-Year Av that made a section s See the separ	eraging Period Under 601(h) election do not rate instructions for lin	Section 501(h) have to complete all nes 2a through 2f.)	of the five columns b (d) 2019		
Calendar year (or fiscal year beginning in)	s year? 4-Year Av that made a section s See the separ Lobbying Expe	eraging Period Under 601(h) election do not rate instructions for lin nditures During 4-Yea (b) 2017	Section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2018	<b>(d)</b> 2019	elow.	
Calendar year (or fiscal year beginning in)	s year? 4-Year Av that made a section s See the separ Lobbying Expe (a) 2016	eraging Period Under 601(h) election do not rate instructions for lin nditures During 4-Yea (b) 2017	Section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2018	<b>(d)</b> 2019	elow. (e) Total	
Calendar year (or fiscal year beginning in) <b>2a</b> Lobbying nontaxable amount b Lobbying ceiling amount	s year? 4-Year Av that made a section s See the separ Lobbying Expe (a) 2016	eraging Period Under 601(h) election do not ate instructions for lin nditures During 4-Yea (b) 2017 446, 879.	Section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2018	<b>(d)</b> 2019	elow. (e) Total 1,918,733.	
Calendar year (Some organizations Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	s year? 4-Year Av that made a section 5 See the separ Lobbying Expe (a) 2016 351,673.	eraging Period Under 601(h) election do not ate instructions for lin nditures During 4-Yee (b) 2017 446,879.	Section 501(h) have to complete all hes 2a through 2f.) ar Averaging Period (c) 2018 544,508.	(d) 2019 575,673.	elow. (e) Total 1,918,733. 2,878,100.	
Calendar year (Some organizations Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	s year? 4-Year Av that made a section 5 See the separ Lobbying Expe (a) 2016 351,673. 54,623.	eraging Period Under 601(h) election do not ate instructions for lin nditures During 4-Yea (b) 2017 446,879.	Section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2018 544,508. 73,278.	(d) 2019 575,673. 132,517.	elow. (e) Total 1,918,733. 2,878,100. 351,738.	
Calendar year (Some organizations Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	s year? 4-Year Av that made a section 5 See the separ Lobbying Expe (a) 2016 351,673. 54,623. 87,918.	eraging Period Under 601(h) election do not ate instructions for lin nditures During 4-Yea (b) 2017 446,879.	Section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2018 544,508. 73,278.	(d) 2019 575,673. 132,517. .143,918.	elow. (e) Total 1,918,733. 2,878,100. 351,738. 479,683.	

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# Foundation for Government

45-2637507 Page 3

# Schedule C (Form 990 or 990-EZ) 2019 Accountability, Inc. 45-26375( 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 e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(	b)
of the	lobbying activity	Yes	No	Am	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?	*		· · · · ·	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?			Ι	
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	1			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			•	3
b	If "Yes," enter the amount of any tax incurred under section 4912	4 11			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	с ч			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				-
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				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?		. 2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	• •			e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal	1		
	expenses for which the section 527(f) tax was paid).		and the second	'	
а	Current year		<b>2</b> a		
ь	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 exc	ess	· ·		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	ointical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de 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.

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						OMB No 1	545-0047
	HEDULE D		al Financial S			20	10
(For	m 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Ye 1. 11a, 11b, 11c, 11d, 11	es" on Form 990, e. 11f. 12a. or 12b.		20	13
	tment of the Treasury		Attach to Form 990.			Open to	o Public
·	al Revenue Service	►Go to www.irs.gov/Form9 ion Foundation for Gov		the latest information.		r identificatio	
Nam	Name of the organization Foundation for Government Employer Accountability, Inc. 4						
Pa	rt I Organiza	ations Maintaining Donor Advise		Similar Funds or A	ccounts	Complete if t	he
L	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.				
			(a) Donor advise	ed funds (	b) Funds ar	nd other accor	unts
1	Total number at er	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	it end of year					· · ·
5	Did the organization	on inform all donors and donor advisors in	writing that the assets he	eld in donor advised fun	ds		
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	L No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that gr	ant funds can be used o	only		
	for charitable purp	poses and not for the benefit of the donor	or donor advisor, or for a	ny other purpose confer	nng	_	_
	impermissible priv			<u> </u>	· · · · · · · · · · · ·	Yes	NoNo
Ра		ation Easements. Complete if the or			, line 7.		
1		servation easements held by the organizat	· · · · ·	7			
	Preservation	n of land for public use (for example, recrea	ation or education)	Preservation of a histo			а
	Protection o	of natural habitat	L	Preservation of a certi	fied historic	structure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qual	fied conservation contrib	oution in the form of a co			
	day of the tax yea				Held	at the End of t	ne Tax Year
а	Total number of co	onservation easements			2a		
b	-	ricted by conservation easements			2b		
С		vation easements on a certified historic sti			20		
d	Number of conser	vation easements included in (c) acquired	after 7/25/06, and not or	n a historic structure			
	listed in the Natior	-			2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or	terminated by the organ	ization duri	ng the tax	
	year 🕨						
4		where property subject to conservation ea					
5	-	tion have a written policy regarding the pe		tion, handling of		[]	<u> </u>
-	•	forcement of the conservation easements				└── Yes	L No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservation	on easemer	its during the	year
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<b>.</b> .			
7		ses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation ea	isements di	uring the year	
	►\$				1/0		
8		vation easement reported on line 2(d) abov	ve satisty the requiremen	its of section 170(n)(4)(E	5)(1)	Yes	
•	and section 170(h)			 	- 	L Yes	L No
9		be how the organization reports conservation		-		- 4	
		d include, if applicable, the text of the footi ounting for conservation easements.	note to the organization s	s inancial statements u	at describe	sule	
Pa		ations Maintaining Collections o	f Art Historical Tre	easures or Other	Similar A	scets	
		f the organization answered "Yes" on Form					
19		elected, as permitted under FASB ASC 95		enue statement and hal	ance sheet	works	
ra	-	easures, or other similar assets held for pul					
		Part XIII the text of the footnote to its final				6	
Ь		elected, as permitted under FASB ASC 95			e cheet wor	ks of	
5	-	sures, or other similar assets held for public					
		ing amounts relating to these items.	s annonion, cuudaton, u				
	-	ded on Form 990, Part VIII, line 1			<b>b</b> ¢		
	••	ed in Form 990, Part VIII, line 1			<b>~</b> "		<u> </u>
2	• •	received or held works of art, historical tre		· · ·	P ♥		
2		Ints required to be reported under FASB A			hunde		
-	_	on Form 990, Part VIII, line 1	So relating to these	. IICHIN.	<b>•</b> •		
	Assets included in				<b>~</b> "		·····
		eduction Act Notice, see the Instruction	s for Form 990	<u> </u>	<u>Scho</u>	dule D (Form	990) 2010
					30.10		

932051 10-02-19

		ion for Go	vernm	ent						
, Sebe		ability, I					4	5-26	37503	7 Page <b>2</b>
_	t III Organizations Maintaining C			rical Tre		r Other				
3	Using the organization's acquisition, access									
3	collection items (check all that apply).			any or the	ionowing tha	t make aig	grinicant u	50 01 113		
а	Public exhibition	c	· 🗖 Io	an or exch	nange progra					
b	Scholarly research	e		her	ange progra					
_	Preservation for future generations	,								
с 4	Provide a description of the organization's ci	allections and evola	n how the	, further th	e orozpizati	on'e ovom		e in Dar	• ¥111	
5	During the year, did the organization solicit of							emrau		
3	to be sold to raise funds rather than to be m					si sirinar a	155515	<b>_</b>	Yes	
Pai	t IV Escrow and Custodial Arran					Vec" on F				
<u> </u>	reported an amount on Form 990, Pa			ganzatio	Tanswereu		0111 330, 1		111E 3, 07	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for co	ntribution	s or other as	sets not ir	ncluded		-	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole:						
									Amount	
С	Beginning balance	-					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	<u> </u>		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	istodial acco	unt liabilit	y?	L	Yes	
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	f the organization ar	nswered "Y	es" on Fo	rm 990, Part	IV, line 10	)			
		(a) Current year	(b) Pric	r year	(c) Two year	s back (c	f) Three yea	irs back	(e) Four	years back
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 cur	rent year end baland	ce (line 1g,	column (a)	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that a	are held ar	nd administer	red for the	e organizat	tion	_	
	by:								<b>`</b>	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sch	edule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fur	ids.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		(b) Cost		•••	umulated		(d) Book	value
		basis (investr	nent)	basis (	other)	depr	eciation			
	Land					4 · ·	۰ ۰			
	Buildings									
	Leasehold improvements				-1/0		0 01	<del>.  </del>		
	Equipment				9,148.		29,913			,235.
	Other		<del></del>		3,427.		8,785	<u></u>		,642.
Total	Add lines 1a through 1e. (Column (d) must e	auai Form 990 Part	X column	INI line 11					23	

Schedule D (Form 990) 2019

Foundation	for	Governmen	t	
Schedule D (Form 990) 2019 Accountabil	<u>ity,</u>	Inc.		45-2637507 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Forr	m 990, Part IV, line		
(a) Description of security or category (including name of security)	(b	o) Book value	(c) Method of valuation: Cost	or end of year market value
(1) Financial derivatives				
(2) Closely held equity interests				·· <u>····</u> ·····
(3) Other	L			
(A)				
(B)				
(C)				·
(D)				
(E)	<u> </u>			
(F)	<b> </b>			
(G)	<u> </u>			
(H)	<u> </u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				ا سیند و میں دور و اور اور اور اور اور اور اور اور اور
Part VIII Investments - Program Related.	_			
Complete if the organization answered "Yes"				
(a) Description of investment	<u>a)</u>	) Book value	(c) Method of valuation: Cost	or end-of-year market value
				······································
(2)		··		<u> </u>
(3)				
(4)				
(5)			·····	
<u>(6)</u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(7)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		· · · · · ·	······································	······································
Part IX Other Assets.	·			
Complete if the organization answered "Yes"	on Forr	n 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Descrip			(b) Book value
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)			·	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	·· ·		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Forn	n 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes			· · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
(5)	<u></u>	·		
(6)				
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u></u>	
2. Liability for uncertain tax positions. In Part XIII, provide			-	
organization's liability for uncertain tax positions under	FASB /	ASC 740. Check he	ere if the text of the footnote has be	en provided in Part XIII

Schedule D (Form 990) 2019

Foundation for Government				
Schedule D (Form 990) 2019 Accountability, Inc.				2637507 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem Complete f the organization answered "Yes" on Form 990, Part IV, line 12a		h Revenue per R	letur	n.
1 Total revenue, gains, and other support per audited financial statements			1	10,990,162.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	156,919.		
b Donated services and use of facilities	2b	76,701.	1 ·	
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	689,781.	[	
e Add lines 2a through 2d		<u> </u>	2e	923,401.
3 Subtract line 2e from line 1			3	10,066,761.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b		1	
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,066,761.
Part XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	th Expenses per	Retu	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>I.</b>			
1 Total expenses and losses per audited financial statements			1	8,590,166.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	76,701.		
b Prior year adjustments	26			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	689,781.		
e Add lines 2a through 2d			2e	766,482.
3 Subtract line 2e from line 1			3	7,823,684.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	•			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		•	5	7,823,684.
Part XIII Supplemental Information.	<u> </u>			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par	t IV lines 11	and 2b: Part V line	1. Part	X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
Part X, Line 2:	·			
Management has evaluated the Foundation's ta	x posi	itions and	con	cluded that
the Foundation's financial statements do not	. inclu	ide any unc	ert	ain tax
positions.				
Part XI, Line 2d - Other Adjustments:				· · · ·
Shared services reimbursements			<u> </u>	689,781.

# Part XII, Line 2d - Other Adjustments:

# Shared services reimbursements

689,781.

1edule D (Form 990) 2019	Foundation for Government Accountability, Inc. nformation (continued)	45-2637507 Page 5
irt XIII. Supplemental Ir	iformation (continued)	
	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE J	HEDULE J Compensation Information				OMB No 1545-0047			
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2019				
	Complete if the organiz	Compensated Employees ation answered "Yes" on Form 990, Part IV, line 23.						
Department of the Treasury		Attach to Form 990.		Open to Inspe		ic		
nternal Revenue Service	Foundation for	Form990 for instructions and the latest information.	Employer ide			mha		
ame of the organization	Accountability		45-26			nuei		
Part   Questions	Regarding Compensation	, Inc.	45 20		<u>/</u>			
	negarding compensation		<u></u>		Yes	No		
1a Check the appropriat	e box(es) if the organization provid	ed any of the following to or for a person listed on Forr	000	<b></b>	res			
		any relevant information regarding these items.	1 330,					
First-class or cha		Housing allowance or residence for perso	naluse					
Travel for compa		Payments for business use of personal re						
· · · · ·	tion and gross-up payments	Health or social club dues or initiation fee						
Discretionary sp		Personal services (such as maid, chauffe						
					•			
<b>b</b> If any of the boxes or	line 1a are checked, did the orga	nization follow a written policy regarding payment or						
		ibed above? If "No," complete Part III to explain		1b				
•	•	bursing or allowing expenses incurred by all directors,	•					
-		ctor, regarding the items checked on line 1a?		2				
			•			•		
3 Indicate which, if any	of the following the organization (	used to establish the compensation of the organization	's					
		eck any boxes for methods used by a related organiza			,			
	on of the CEO/Executive Director,				_			
X Compensation c		Written employment contract			-			
	mpensation consultant	Compensation survey or study		,				
Torm 990 of oth		Approval by the board or compensation	committee					
4 During the year, did a	ny person listed on Form 990, Parl	t VII, Section A, line 1a, with respect to the filing						
organization or a relat	• •	· · · · · · · · · · · · · · · · · · ·						
	payment or change-of-control payr	nent?		4a		X		
	ive payment from, a supplemental			4b	X			
•	ive payment from, an equity-based			4c		X		
•		the applicable amounts for each item in Part III.	•			-		
·								
Only section 501(c)(	3), 501(c)(4), and 501(c)(29) organ	izations must complete lines 5-9.						
5 For persons listed on	Form 990, Part VII, Section A, line	1a, did the organization pay or accrue any compensati	on					
contingent on the rev	enues of:							
a The organization?				5a		Χ		
b Any related organizati	ion?			5b		X		
If "Yes" on line 5a or (	5b, describe in Part III.							
6 For persons listed on	Form 990, Part VII, Section A, line	1a, did the organization pay or accrue any compensati	on					
contingent on the net	eamings of.							
a The organization?				<b>6</b> a		X		
b Any related organizati	ion?	· · · · ·		6b		X		
If "Yes" on line 6a or 6	6b, describe in Part III.							
7 For persons listed on	Form 990, Part VII, Section A, line	1a, did the organization provide any nonfixed payment	s					
not described on lines	s 5 and 6? If "Yes," describe in Par	t		7		X		
8 Were any amounts re	ported on Form 990, Part VII, paid	or accrued pursuant to a contract that was subject to	the					
		on 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
		buttable presumption procedure described in						
				1				

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Schedule J (Form 990) 2019

#### Foundation for Government Accountability, Inc.

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(D)(I)*(U)	reported as deferred on prior Form 990
(1) Tarren Bragdon	(i)	273,963.	64,197.	0.	38,000.	0.	376,160.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jonathan Bechtle	(i)	225,517.	30,322.	0.	19,000.	0.	274,839.	0.
COO & General Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Kristina Rasmussen	(i)	209,238.	49,696.	0.	14,250.	0.	273,184.	0.
VP of Federal Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Robin Walker	(i)	223,501.	4,852.	0.	19,000.	0.	247,353.	0.
Director Of Federal Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jonathan Ingram	(i)	220,193.	2,758.	0.	16,919.	0.	239,870.	0.
VP of Research	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Samuel Adolphsen	(i)	183,071.	4,120.	0.	2,942.	0.	190,133.	0.
Policy Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Whitney Munro	(i)	175,963.	2,966.	0.	10,142.	0.	189,071.	0.
VP of Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	(i)							· · · · ·
	(1)						1	
	(i)							
	(1)							
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	(i)					· · · · · · · · · · · · · · · · · · ·		
	(ii)							
,	(1)						· · · · · ·	
	(ii)							<u> </u>
	(i)							
	(ii)			· · · · · ·	1			
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

Page 2

45-2637507

Foundation for Government Accountability, Inc.

Schedule J (Form 990) 2019

45-2637507 Page 3

Part III Supplemental Information

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

Part I, Line 4b:

The organization set up Section 457(f) plan. Tarren Bragdon, the CEO,

received \$19,000 employer contribution for this plan.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ y Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection Foundation for Government Employer identification number 45-2637507

Accountability, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

individual freedom, and limited constitutional government.

Form 990, Part VI, Section B, line 11b:

Each member of the governing body receives a copy of the Form 990 for

review prior to its filing.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is enforced by each officer and director

annually completing a conflict of interest disclosure statement which is

retained in the confidential files of the Foundation.

Form 990, Part VI, Section B, Line 15a:

A committee of the Board meets at the start of each fiscal year to review a

salary survey of similar positions and similar sized organizations within

the industry in determining the CEO salary.

Form 990, Part VI, Section C, Line 19:

All Foundation documents and financial record are maintained at the

corporate office. Forms 1023 and 990 are available for public inspection

upon request.

Form 990, Part IX, Line 11g, Other Fees:

Other professional fees:

Program service expenses

Management and general expenses

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24,629. 21,895.

Schedule O (Form 990 or 990-EZ) (2019)

· · ·	
Schedule O (Form 990 or 990 EZ) (2019) Name of the organization Foundation for Government Accountability, Inc.	Page 2 Employer identification number 45-2637507
Fundraising expenses	1,000.
Total expenses	47,524.
Professional Fees - Polling:	·
Program service expenses	201,400.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	201,400.
Research:	
Program service expenses	208,172.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	208,172.
Production - Movies:	
Program service expenses	231,581.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	231,581.
Professional Fees - Design & Publication:	
Program service expenses	164,142.
Management and general expenses	3,000.
Fundraising expenses	0.
Total expenses	167,142.
	· · · · · · · · · · · · · · · · · · ·

Contractors - Other:

Schedule O (Form 990 or 990 EZ) (2019) Name of the organization Foundation for Government	Page : Employer identification number
Accountability, Inc.	<u>45-2637507</u>
Program service expenses	3,000.
Management and general expenses	7,626.
Fundraising expenses	3,000.
Total expenses	13,626.
Payroll Processing Fees:	
Program service expenses	0.
Management and general expenses	4,108.
Fundraising expenses	0.
Total expenses	4,108.
Public Relations:	
Program service expenses	1,400,117.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1,400,117.
Information Services:	
Program service expenses	19,449.
Management and general expenses	40,526.
Fundraising expenses	0.
Total expenses	59,975.
Total Other Fees on Form 990, Part IX, line 11g, Col A	2,333,645.