

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BUREAU OF GOVERNMENTAL RESEARCH INC. Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number: 72-0408914, E Telephone number: (504) 525-4152, G Gross receipts \$ 2,583,678

F Name and address of principal officer: AMY GLOVINSKY, 1055 ST CHARLES AVE NO 200, NEW ORLEANS, LA 70130

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.BGR.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1932, M State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE BUREAU OF GOVERNMENTAL RESEARCH IS A PRIVATE, NONPROFIT, INDEPENDENT (CONT'D ON SCH. O) RESEARCH ORGANIZATION DEDICATED TO INFORMED PUBLIC POLICY MAKING AND THE EFFECTIVE USE OF PUBLIC RESOURCES FOR THE IMPROVEMENT OF GOVERNMENT IN THE GREATER NEW ORLEANS METROPOLITAN AREA.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date: 2021-08-27, Type or print name and title: AMY GLOVINSKY PRESIDENT & CEO

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE BUREAU OF GOVERNMENTAL RESEARCH IS A PRIVATE, NONPROFIT, INDEPENDENT RESEARCH ORGANIZATION DEDICATED TO INFORMED PUBLIC POLICY MAKING AND THE EFFECTIVE USE OF PUBLIC RESOURCES FOR THE IMPROVEMENT OF GOVERNMENT IN THE NEW ORLEANS METROPOLITAN AREA.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 793,922 including grants of \$) (Revenue \$)
MONITORING AND REPORTING ON LOCAL GOVERNMENT ISSUES: IN 2020, BGR PUBLISHED A TOTAL OF 11 REPORTS AND RELEASES INCLUDING: LEARNING CURVE: A GUIDE TO NAVIGATING SCHOOL FUNDING IN NEW ORLEANS' UNIFIED DISTRICT; CONVENTIONAL WISDOM: PAUSING THE CONVENTION CENTER HOTEL DEAL TO ASSESS THE PANDEMIC'S IMPACT AND REDUCE PUBLIC COSTS; BGR NOW: REVITALIZING NEW ORLEANS' OFFICE OF THE INSPECTOR GENERAL; ON THE BALLOT REPORTS TO INFORM VOTERS ABOUT SIGNIFICANT PROPOSITIONS INCLUDING NEW ORLEANS PROPERTY TAX PROPOSITIONS, A JEFFERSON PARISH TAX RENEWAL FOR THE INSPECTOR GENERAL, AND A FRENCH QUARTER SALES TAX RENEWAL FOR SUPPLEMENTAL SAFETY PATROLS. IN ADDITION, BGR RELEASED POLICYWATCH NEWSLETTERS, WHICH APPLY EXISTING RESEARCH TO NEW AND EMERGING PUBLIC POLICY ISSUES, INCLUDING PROPERTY ASSESSMENTS AND (CONTINUED ON SCH. O) TAX AND BUDGET ISSUES - TOPICS THAT AFFECT CITIZENS IN EVERY PART OF THE COMMUNITY. IN 2020, BGR'S RESEARCH STAFF MONITORED MORE THAN 70 STATE AND LOCAL GOVERNMENT AGENCIES, INCLUDING THE NEW ORLEANS CITY COUNCIL AND ITS COMMITTEES, BGR ALSO MONITORED THE LOUISIANA LEGISLATURE TO IDENTIFY BILLS OF LOCAL SIGNIFICANCE. ONCE RESEARCH IS COMPLETED, BGR PURSUES IMPLEMENTATION OF RECOMMENDATIONS, SOMETIMES OVER THE COURSE OF MANY YEARS. IT DOES SO BY REVISITING ISSUES IN FOLLOW-UP PUBLICATIONS AND THROUGH OUTREACH EFFORTS AIMED AT THE PUBLIC, CITIZENS GROUPS, THE MEDIA AND PUBLIC OFFICIALS. BGR'S MOST RECENT ASSESSMENT OF ITS EFFECTIVENESS CONCLUDED THAT, OVER THE PRECEDING DECADE, POLICYMAKERS IMPLEMENTED BGR'S RECOMMENDATIONS TO SOME DEGREE IN 13 OUT OF 16 AREAS OF KEY CONCERN. ADDITIONAL INDICATORS OF BGR'S IMPACT INCLUDE NEWS ARTICLES AND REPORTS SPECIFICALLY MENTIONING BGR; NEWS ARTICLES AND REPORTS ON A TOPIC THAT HAVE BEEN BROUGHT TO THE PUBLIC'S ATTENTION BY BGR; HITS TO A REPORT ON BGR'S WEBSITE; SHARING AND COMMENTARY ON SOCIAL MEDIA PLATFORMS; AND REQUESTS TO SPEAK OR COMMENT ON A SUBJECT. IN 2020, BGR WAS MENTIONED 73 TIMES IN THE PRESS. SINCE 1938, BGR HAS BEEN HONORED BY THE GOVERNMENTAL RESEARCH ASSOCIATION (GRA) FOR ITS WORK. THE 2020 AWARDS PROGRAM WAS CANCELLED DUE TO THE COVID PANDEMIC. IN 2019, BGR WAS RECOGNIZED BY ITS NATIONAL PEERS FOR THE 13TH YEAR IN A ROW, WHEN THE GRA BESTOWED NATIONAL RECOGNITION ON BGR, HONORING ITS WORK IN TWO SEPARATE CATEGORIES. BGR RECEIVED AN OUTSTANDING POLICY ACHIEVEMENT AWARD FOR WORK TO IMPROVE THE JEFFERSON PARISH SCHOOL BOARD'S EMPLOYEE PAY RAISE TAX PROPOSITION. JEFFERSON PARISH PUBLIC SCHOOL SYSTEM OFFICIALS USED BGR'S CRITICISMS OF THEIR FAILED 2017 ATTEMPT AT A PAY RAISE TAX TO RETHINK THEIR PROPOSAL. THEY RETURNED IN 2019 WITH A MORE STRATEGIC, COST-EFFECTIVE TAX PROPOSAL THAT EARNED BGR'S AND VOTERS' SUPPORT. THE NEW TAX WILL HELP THE SCHOOL SYSTEM MEET ITS HIGHEST-PRIORITY PERSONNEL NEEDS. BGR ALSO EARNED THE AWARD FOR MOST DISTINGUISHED RESEARCH FOR ITS 2019 REPORT THE LOST PENNY: AN ANALYSIS OF THE ORLEANS PARISH HOTEL TAX STRUCTURE. THE REPORT PRESENTED A COMPREHENSIVE PICTURE OF THE SOURCES AND USES OF \$200 MILLION IN HOTEL TAX DOLLARS IN ORLEANS PARISH. IT FOCUSED PRIMARILY ON THE SHARE FOR THE CITY OF NEW ORLEANS, WHICH HAD A 1% HOTEL TAX SUSPENDED BY STATE LAW FOR MORE THAN 50 YEARS. THIS "LOST PENNY" OF HOTEL TAX DEPRIVED THE CITY OF \$12.3 MILLION A YEAR. THE REPORT ALSO COMPARED THE ORLEANS PARISH HOTEL TAX STRUCTURE TO BEST PRACTICES FOR TAXATION AS WELL AS STATE AND NATIONAL NORMS. IN JUNE 2019, CONSISTENT WITH BGR'S RECOMMENDATION, THE LOUISIANA STATE LEGISLATURE ENDED THE SUSPENSION OF THE TAX, EFFECTIVE JULY 1, 2019. THE POPULATION SERVED BY THIS WORK INCLUDES JEFFERSON, ORLEANS, AND ST. TAMMANY PARISHES. BASED ON 2019 US CENSUS DATA ESTIMATE, THE POTENTIAL REACH OF BGR'S MONITORING AND REPORTING IS THE APPROXIMATELY 1,083,056 REGIONAL POPULATION.

4b (Code:) (Expenses \$ 888 including grants of \$) (Revenue \$)
BREAKFAST BRIEFINGS: BGR'S BREAKFAST BRIEFINGS ARE PUBLIC FORUMS WHERE CITIZENS CAN HEAR FROM EXPERTS AND DECISION-MAKERS ON MAJOR PUBLIC POLICY ISSUES. THESE EVENTS FOSTER CITIZEN ENGAGEMENT AND AN INFORMED PUBLIC POLICY DIALOGUE, KEY COMPONENTS OF BGR'S MISSION AND ESSENTIAL INGREDIENTS FOR EFFECTIVE GOVERNMENT. IN 2020, BGR PRESENTED FOUR VIRTUAL BREAKFAST BRIEFINGS. THEY INCLUDED JOHN WHITE, FORMER STATE SUPERINTENDENT OF EDUCATION AND THE NATION'S LONGEST SERVING EDUCATION CHIEF, PROVIDING INSIGHTS TO INFORM THE FUTURE OF PUBLIC EDUCATION; NEW ORLEANS POLICE SUPERINTENDENT SHAUN FERGUSON WITH KENNETH A. POLITE, JR., FORMER U.S. ATTORNEY FOR THE EASTERN DISTRICT OF LOUISIANA, DISCUSSING THE FUTURE OF POLICING IN NEW ORLEANS; NEW ORLEANS MAYOR LATOYA CANTRELL, DISCUSSING NEW ORLEANS' BUDGET, (CONTINUED ON SCH. O) INFRASTRUCTURE, AND POLICY PRIORITIES; AND JEFFERSON PARISH PRESIDENT CYNTHIA LEE SHENG, WHO REFLECTED ON MANAGING THE PANDEMIC IN 2020 AND ALSO DISCUSSED FUTURE PRIORITIES. THIS SERIES BUILT UPON BGR'S CORE WORK OF MONITORING AND REPORTING, WHILE ENGAGING MORE THAN 250 CITIZENS AT EACH EVENT. THE BREAKFAST BRIEFING SERIES BRINGS PRESSING ISSUES DIRECTLY TO THE CITIZENS OF THE GREATER NEW ORLEANS AREA AND ALLOWS THEM TO ENGAGE WITH LEADERS AND DECISION-MAKERS. BGR INCREASES ACCESS TO THE EVENTS BY VIDEO RECORDING THE PRESENTATIONS AND POSTING THEM ONLINE FOLLOWING EACH BREAKFAST BRIEFING. THESE EVENTS ATTRACT MEDIA COVERAGE, FURTHER INCREASING THE PLATFORM AND PUBLIC AWARENESS OF THE ISSUES DISCUSSED AND OF BGR'S WORK.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
EXCELLENCE IN GOVERNMENT AWARDS: ESTABLISHED IN 1994, BGR HOLDS A BIENNIAL CEREMONY TO RECOGNIZE GOVERNMENT EMPLOYEES FOR OUTSTANDING PERFORMANCE AND CREATIVE PROBLEM SOLVING. IT ALSO RECOGNIZES PRIVATE CITIZENS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO LOCAL GOVERNMENT. AT THE 2020 EXCELLENCE IN GOVERNMENT AWARDS, BGR HONORED ONE CITIZEN AND FIFTEEN EXCEPTIONAL PUBLIC EMPLOYEES FROM JEFFERSON AND ORLEANS PARISHES, AS WELL AS ONE PUBLIC EMPLOYEE FROM THE STATE OF LOUISIANA. THERE ARE FOUR AWARD CATEGORIES: THE MERIT AWARD RECOGNIZES OUTSTANDING PERFORMANCE BY PUBLIC SECTOR EMPLOYEES; THE INNOVATION AWARD RECOGNIZES EMPLOYEES WHO HAVE USED INNOVATIVE SOLUTIONS TO SOLVE PRESSING PROBLEMS; THE LIFETIME ACHIEVEMENT AWARD RECOGNIZES SUSTAINED PERFORMANCE OVER A CAREER IN PUBLIC SERVICE; AND (CONTINUED ON SCH. O) THE CITIZENSHIP AWARD RECOGNIZES A PRIVATE CITIZEN WHO HAS WORKED TO IMPROVE THE QUALITY OF GOVERNMENT. AWARDS IN 2020 RECOGNIZED THE FORMER LOUISIANA SUPERINTENDENT OF EDUCATION, FOR HIS INITIATIVES AS SUPERINTENDENT FOR CURRICULUM REFORMS, CAREER AND TECHNICAL EDUCATION AND FINANCIAL AID APPLICATIONS; A TEAM OF JEFFERSON PARISH JUVENILE SERVICES EMPLOYEES FOR ITS OUTSTANDING ADMINISTRATION OF THE ALTERNATIVES TO DETENTION PROGRAM; A TEAM OF CITY OF NEW ORLEANS EMPLOYEES FOR ITS OUTSTANDING PERFORMANCE IN SECURING STATE LEGISLATIVE APPROVAL FOR THE FAIR SHARE FUNDING INITIATIVE; THE CEO/HEAD OF SCHOOL FOR KENNER DISCOVERY HEALTH SCIENCES ACADEMY AND DR. JOHN OCHSNER DISCOVERY HEALTH SCIENCES ACADEMY, FOR HER WORK TO SECURE CONSTRUCTION FINANCING FOR THE TWO ACADEMIES; THE DIRECTOR OF BUSINESS SERVICES, CITY OF NEW ORLEANS OFFICE OF ECONOMIC DEVELOPMENT, FOR HIS OUTSTANDING CAREER OF PUBLIC SERVICE TO THE CITY OF NEW ORLEANS; THE CEO OF NEW ORLEANS BUILDING CORPORATION, FOR HER OUTSTANDING CAREER OF PUBLIC SERVICE TO THE CITY OF NEW ORLEANS; AND EARLY CHILDHOOD CARE AND EDUCATION ADVOCATE AND FOUNDER OF THE LOUISIANA POLICY INSTITUTE FOR CHILDREN, FOR HER WORK TO IMPROVE EARLY CARE AND EDUCATION IN LOUISIANA. DUE TO THE PANDEMIC IN 2020, BGR REFORMATTED THE EXCELLENCE IN GOVERNMENT AWARDS EVENT, BY COLLABORATING WITH NEW ORLEANS PUBLIC TELEVISION (WYES-TV) TO RECORD, PRODUCE AND BROADCAST (WITH ONE ADDITIONAL REBROADCAST) THE PROGRAM. THE 2020 PRODUCTION INCLUDED IN-DEPTH PROFILES ON EACH HONOREE, CREATING BROADER VISIBILITY AND UNDERSTANDING OF THE EXTRAORDINARY WORK OF HONOREES. BGR'S EXCELLENCE IN GOVERNMENT PROGRAM MOTIVATES PUBLIC SECTOR ACHIEVEMENT AND CITIZEN ENGAGEMENT, WHICH ALIGNS WITH BGR'S MISSION AND BENEFITS THE COMMUNITY AT LARGE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 794,810

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions (a, b, c, d, e, f, g, h) and corresponding answer columns (2a, 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed LA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SELVA RIEMANN 1055 ST CHARLES AVENUE SUITE 200 NEW ORLEANS, LA 70130 (504) 525-4152

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARDY B FOWLER PAST CHAIRMAN	4.00	X		X			0	0	0	
(2) LUDOVICO FEOLI CHAIRMAN	10.00	X		X			0	0	0	
(3) H MERRITT LANE III SECRETARY	4.00	X		X			0	0	0	
(4) NORMA GRACE VICE CHAIRMAN	4.00	X		X			0	0	0	
(5) MAUREEN CLARY TREASURER	4.00	X		X			0	0	0	
(6) KELLY R BROWN ASSISTANT SECRETARY	4.00	X		X			0	0	0	
(7) ANNE P BANOS ASSISTANT TREASURER	4.00	X		X			0	0	0	
(8) TARA ADAMS MEMBER	2.00	X					0	0	0	
(9) GARY L LORIO MEMBER	2.00	X					0	0	0	
(10) CHRISTINE ALBERT MEMBER	2.00	X					0	0	0	
(11) SUSAN G BRENNAN MEMBER	2.00	X					0	0	0	
(12) TODD MCDONALD MEMBER	2.00	X					0	0	0	
(13) GRAHAM RALSTON MEMBER	2.00	X					0	0	0	
(14) VANESSA CLAIBORNE MEMBER	2.00	X					0	0	0	
(15) HUNTER G HILL EXECUTIVE COMMITTEE	4.00	X					0	0	0	
(16) CHARLES WEST MEMBER	2.00	X					0	0	0	
(17) BLAKE J STANFILL MEMBER	2.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DENNIS WOLTERING MEMBER	2.00	X					0	0	0	
(19) CHARMINE CACCIOPPI MEMBER	2.00	X					0	0	0	
(20) LEAH N ENGELHARDT MEMBER	2.00	X					0	0	0	
(21) MELISSA SAWYER MEMBER	2.00	X					0	0	0	
(22) STEVEN W USDIN EXECUTIVE COMMITTEE	4.00	X					0	0	0	
(23) JENNIFER ROBERTS MEMBER	2.00	X					0	0	0	
(24) ANDREA CHEN MEMBER	2.00	X					0	0	0	
(25) LOUIS M FREEMAN EXECUTIVE COMMITTEE	4.00	X					0	0	0	
(26) ALEX GERSHANIK MEMBER	2.00	X					0	0	0	
(27) ANDREW R LEE MEMBER	2.00	X					0	0	0	
(28) JENNIFER MEDBERY MEMBER	2.00	X					0	0	0	
(29) JENNIFER M NEIL MEMBER	2.00	X					0	0	0	
(30) JESSIE HAYNES MEMBER	2.00	X					0	0	0	
(31) LARRY WASHINGTON MEMBER	2.00	X					0	0	0	
(32) AMY L GLOVINSKY PRESIDENT/CEO	40.00			X			237,701	0	14,047	
(33) STEPHEN B STUART VP & RESEARCH DIRECTOR	40.00				X		104,500	0	8,529	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							342,201	0	22,576	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b	439,404				
	c Fundraising events . . .	1c	80,000				
	d Related organizations	1d					
	e Government grants (contributions)	1e	139,541				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,162,000				
	g Noncash contributions included in lines 1a - 1f:\$	1g	15,764				
	h Total. Add lines 1a-1f			1,820,945			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		266,084			266,084	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	496,649				
		(ii) Other					
		7a					
	b Less: cost or other basis and sales expenses	7b	299,328				
	c Gain or (loss)	7c	197,321				
	d Net gain or (loss)			197,321			197,321
8a Gross income from fundraising events (not including \$ <u>80,000</u> of contributions reported on line 1c). See Part IV, line 18							
	8a		0				
b Less: direct expenses	8b		972				
c Net income or (loss) from fundraising events			-972			-972	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	9b Less: direct expenses						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,283,378	0	0	462,433	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	237,701	170,194	38,032	29,475
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	556,242	398,269	88,999	68,974
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,215	5,882	1,314	1,019
9 Other employee benefits	59,751	42,782	9,560	7,409
10 Payroll taxes	51,132	36,611	8,181	6,340
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,430		35,430	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,407		18,407	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	305	305		
12 Advertising and promotion	813	765	24	24
13 Office expenses	9,026	8,484	271	271
14 Information technology	20,600	19,364	618	618
15 Royalties				
16 Occupancy	55,374	52,052	1,661	1,661
17 Travel	8,480	8,480		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,549	9,917	316	316
23 Insurance	4,558	4,284	137	137
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSES	18,335	18,335	0	0
b DUES AND SUBSCRIPTIONS	12,916	12,916	0	0
c MISCELLANEOUS	3,692	2,670	85	937
d STAFF DEVELOPMENT	1,298	929	208	161
e All other expenses	3,374	2,571	720	83
25 Total functional expenses. Add lines 1 through 24e	1,116,198	794,810	203,963	117,425
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and Total Assets (16) and Total Liabilities (26).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,283,378
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,116,198
3	Revenue less expenses. Subtract line 2 from line 1	3	1,167,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,647,071
5	Net unrealized gains (losses) on investments	5	425,465
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	10,239,716

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 in Schedule O.	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Internal Revenue Service
Name of the organization

BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	795,536	1,037,251	2,969,100	975,838	1,813,295	7,591,020
2 Tax revenues levied for the organization'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	795,536	1,037,251	2,969,100	975,838	1,813,295	7,591,020
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). . .						4,072,892
6 Public support. Subtract line 5 from line 4.						3,518,128

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	795,536	1,037,251	2,969,100	975,838	1,813,295	7,591,020
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,893	119,642	136,163	209,823	266,084	817,605
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						8,408,625

12 Gross receipts from related activities, etc. (see instructions) **12** 76,056

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	41.840 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	48.840 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
3b		

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.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section 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):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization BUREAU OF GOVERNMENTAL RESEARCH INC	Employer identification number 72-0408914
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number
72-0408914

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number
72-0408914

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

Department of the Treasury Internal Revenue Service

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 the organization BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	741													
c Total lobbying expenditures (add lines 1a and 1b)	741													
d Other exempt purpose expenditures	807,968													
e Total exempt purpose expenditures (add lines 1c and 1d)	808,709													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	146,306													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	36,577													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	117,744	141,567	145,438	146,306	551,055
b Lobbying ceiling amount (150% of line 2a, column(e))					826,583
c Total lobbying expenditures	1,395	2,454	3,519	741	8,109
d Grassroots nontaxable amount	29,436	35,392	36,360	36,577	137,765
e Grassroots ceiling amount (150% of line 2d, column (e))					206,648
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,739,943	6,787,404	5,096,005	4,604,261	4,508,390
b Contributions	1,000,000		2,001,000	1,000	15,999
c Net investment earnings, gains, and losses	868,752	1,077,539	-309,601	590,744	280,271
d Grants or scholarships					
e Other expenditures for facilities and programs	-352,939	-125,000		88,745	190,000
f Administrative expenses				11,255	10,399
g End of year balance	9,255,756	7,739,943	6,787,404	5,096,005	4,604,261

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 56.200 %
 - b** Permanent endowment ▶ 43.800 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	Yes	No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		99,548	84,347	15,201
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				15,201

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,710,115
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	425,465	
b	Donated services and use of facilities	2b	19,157	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-17,885	
e	Add lines 2a through 2d	2e	426,737	
3	Subtract line 2e from line 1	3	2,283,378	
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		
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	2,283,378	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,117,470
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	19,157	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	522	
e	Add lines 2a through 2d	2e	19,679	
3	Subtract line 2e from line 1	3	1,097,791	
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	18,407	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	18,407	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,116,198	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	BGR'S ENDOWMENTS CONSIST OF DONOR RESTRICTED GNOF INVESTMENT POOL FUND AND THE JANET HOWARD CHAIR IN GOVERNMENTAL RESEARCH ENDOWMENT FUND (HOWARD CHAIR), AND THE BGR ENDOWMENT FUND CREATED BY BGR. GNOF INVESTMENT POOL FUND IS MAINTAINED AND MANAGED BY THE GNOF WITHIN THEIR INVESTMENT POOL. THE FUND IS INVESTED BY GNOF WITH AN ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THESE ENDOWMENT ASSETS OVER THE LONG-TERM. ANNUAL DISTRIBUTIONS OF INCOME FROM THE GNOF INVESTMENT POOL FUND, AS DETERMINED BY THE BOARD OF TRUSTEES OF GNOF ARE PROVIDED TO BGR. BGR'S BOARD OF DIRECTORS THEN DECIDES TO EITHER USE THE FUNDS FOR OPERATIONS OF BGR OR TO INVEST IN ONE OF ITS ENDOWMENT FUNDS. BGR CREATED THE BGR ENDOWMENT FUND IN 2007. THE INVESTMENT OBJECTIVE OF THE BGR ENDOWMENT FUND IS TO EMPHASIZE TOTAL RETURN. SPECIFICALLY, THE PRIMARY OBJECTIVE IS TO EMPHASIZE LONG-TERM GROWTH OF PRINCIPAL WHILE AVOIDING EXCESSIVE RISK. THE SECONDARY OBJECTIVE IS TO ACHIEVE RETURNS IN EXCESS OF THE RATE OF INFLATION PLUS SPENDING OVER THE INVESTMENT HORIZON IN ORDER TO PRESERVE THE PURCHASING POWER OF THE FUND'S ASSETS. RISK CONTROL IS AN IMPORTANT ELEMENT IN THE INVESTMENT OF THE FUND ASSETS. IN 2015, A DONOR CREATED THE HOWARD CHAIR. THE INVESTMENT OBJECTIVE OF THE BGR ENDOWMENT FUND IS TO EMPHASIZE TOTAL RETURN. SPECIFICALLY, THE PRIMARY OBJECTIVE IS TO EMPHASIZE LONG-TERM GROWTH OF PRINCIPAL WHILE AVOIDING EXCESSIVE RISK. THE SECONDARY OBJECTIVE IS TO ACHIEVE RETURNS IN EXCESS OF THE RATE OF INFLATION PLUS SPENDING OVER THE INVESTMENT HORIZON IN ORDER TO PRESERVE THE PURCHASING POWER OF THE FUND'S ASSETS. SUCH DISTRIBUTABLE FUNDS SHALL BE USED TO COVER THE EXPENSES OF A SPEAKER AT BGR'S ANNUAL LUNCHEON, HENCEFORTH TO BE RECOGNIZED AS THE JANET HOWARD SPEAKER SERIES IN GOVERNMENTAL RESEARCH. IN 2018, A DONOR PROMISED TO GIVE \$2,000,000 TO ENDOW THE SAMUEL ZEMURRAY CHAIR IN RESEARCH LEADERSHIP. THE INVESTMENT OBJECTIVES OF THE ZEMURRAY CHAIR ENDOWMENT FUND ARE TO EMPHASIZE TOTAL RETURN. SPECIFICALLY, THE PRIMARY OBJECTIVE IS TO EMPHASIZE LONG-TERM GROWTH OF PRINCIPAL WHILE AVOIDING EXCESSIVE RISK. SHORT-TERM VOLATILITY WILL BE TOLERATED IN AS MUCH AS IT IS CONSISTENT WITH THE VOLATILITY OF COMPARABLE CAPITAL MARKET BENCHMARKS. THE SECONDARY OBJECTIVE IS TO ACHIEVE RETURNS IN EXCESS OF THE RATE OF INFLATION PLUS SPENDING OVER THE INVESTMENT HORIZON IN ORDER TO PRESERVE THE PURCHASING POWER OF THE FUND'S ASSETS. RISK CONTROL IS AN IMPORTANT ELEMENT IN THE INVESTMENT OF THE FUND ASSETS. SUCH DISTRIBUTABLE FUNDS SHALL BE USED TO SUPPORT THE SALARY FOR THE POSITION OF BGR'S PRESIDENT AND CEO, WHICH POSITION SHALL HEREAFTER PERMANENTLY BEAR THE TITLE OF THE SAMUEL ZEMURRAY CHAIR IN RESEARCH LEADERSHIP IN ALL AND EVERY REFERENCE TO IT.
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. BGR BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INCOME TAX EXPENSE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING DIRECT EXPENSES 522. INVESTMENT FEES -18,407.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING DIRECT EXPENSES 522.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number
72-0408914

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event # 1	(b) Event # 2	(c) Other events	(d) Total events
		ANNUAL LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	80,000			80,000
	2 Less: Contributions	80,000			80,000
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	972			972
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				972
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-972	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.	
Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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 compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- 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 compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

Return Reference	Explanation
------------------	-------------

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . ▶ \$. ▶ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LUIS ZERVIGON	FORMER BGR BOARD MEMBER IS A PART OWNER OF ORGANIZATION	18,407	CRESCENT CAPITAL RECEIVED \$18,407 FOR MANAGING BGR'S 75TH ANNIVERSARY FUND, JHC ENDOWMENT FUND, AND ZEMURRAY FUND IN 2020. ONE OF BGR'S FORMER BOARD MEMBERS, LUIS ZERVIGON, IS A PART OWNER. LUIS ZERVIGON WAS NOT ON THE BOARD WHEN BGR ENTERED INTO THE RELATIONSHIP. THE FINANCIAL ADVISOR WAS CHOSEN THROUGH AN ARMS-LENGTH PROCESS UTILIZING AN RFP/RFQ. THE BOARD MEMBER'S TERM EXPIRED AT THE END OF 2016.		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
------------------	-------------

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

BUREAU OF GOVERNMENTAL RESEARCH INC

Employer identification number

72-0408914

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	HARDY FOWLER SERVES AS A BOARD MEMBER OF HANCOCK WHITNEY BANK. GARY LORIO IS A HANCOCK WHITNEY EXECUTIVE. MERRITT LANE HAS AN OCCASIONAL BUSINESS RELATIONSHIP WITH GARY LORIO AT HANCOCK WHITNEY BANK. MERRITT LANE HAS AN OCCASIONAL BUSINESS RELATIONSHIP WITH ANDREW LEE, BY OCCASSIONALLY RETAINING JONES WALKER. MERRITT LANE HAS AN OCCASIONAL BUSINESS RELATIONSHIP WITH HARDY FOWLER WHO IS AN ADVISOR TO THE BOARD FOR MERRITT'S COMPANY. MERRITT LANE HAS AN OCCASIONAL BUSINESS RELATIONSHIP WITH VANESSA CLAIBORNE WHO IS CONNECTED WITH CHAFFE & ASSOCIATES.
FORM 990, PART VI, SECTION A, LINE 2	HUNTER HILL IS MARKET PRESIDENT OF AN ENTITY THAT HAS OCCASSIONAL BUSINESS RELATIONSHIPS WITH LUDOVICO FEOLI, LOUIS FREEMAN, MELISSA SAWYER, & STEVE USDIN. JENNIFER ROBERTS HAS AN OCCASIONAL BUSINESS RELATIONSHIP WITH MERRITT LANE, A TRUSTEE OF BCM, AN ORGANIZATION THAT PROVIDES FUNDING TO AGENDA FOR CHILDREN. JENNIFER ROBERTS SERVES AS PRESIDENT OF AGENDA FOR CHILDREN.
FORM 990, PART VI, SECTION A, LINE 6	BGR HAS MEMBERS WHO PROVIDE FINANCIAL SUPPORT TO THE ORGANIZATION ALLOWING FOR THE ORGANIZATION TO PRESERVE ITS INDEPENDENCE. CONSISTENT WITH BGR'S BYLAWS, MEMBERS HAVE VOTING PRIVILEGES AT BGR'S ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7A	BGR HAS MEMBERS WHO PROVIDE FINANCIAL SUPPORT TO THE ORGANIZATION ALLOWING FOR THE ORGANIZATION TO PRESERVE ITS INDEPENDENCE. CONSISTENT WITH BGR'S BYLAWS, MEMBERS HAVE VOTING PRIVILEGES AT BGR'S ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11B	UPON COMPLETION OF THE FINAL DRAFT OF FORM 990 BY BGR'S AUDITORS, THE PRESIDENT & CEO, AMY GLOVINSKY, AND THE FINANCE COMMITTEE REVIEW THE FORM 990. COPIES ARE PROVIDED TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	BGR HAS A CONFLICT OF INTEREST POLICY AND AN ETHICS POLICY STATEMENT IT REQUIRES ALL BOARD MEMBERS AND EMPLOYEES TO REVIEW AND ACKNOWLEDGE BY SIGNATURE. THE CONFLICT OF INTEREST POLICY REQUIRES DISCLOSURE OF ANY FINANCIAL INTEREST IN THE SUBJECT MATTER OF BGR'S RESEARCH AND REPORTING OR IN THE OPERATION OF ITS ORGANIZATION. THE ETHICS POLICY STATEMENT REQUIRES RECUSAL FOR REAL OR PERCEIVED CONFLICTS OF INTEREST AND PRESCRIBES THE PROCESS BY WHICH CONFLICTS ARE DISCLOSED, REPORTED, AND ADJUDICATED BY THE APPROPRIATE OFFICER OR STAFF MEMBER. IT ALSO IMPOSES THE DUTY OF CONFIDENTIALITY FOR INTERNAL INFORMATION AND PROHIBITS EMPLOYEE POLITICAL ACTIVITY. BGR IMPLEMENTED THESE POLICIES TO SAFEGUARD THE CREDIBILITY, OBJECTIVITY, INDEPENDENCE AND NONPARTISAN CHARACTERISTICS OF ITS WORK PRODUCT AND TO ENSURE THE HIGHEST LEVELS OF INTEGRITY IN ITS POLICY ANALYSIS AND RECOMMENDATIONS.
FORM 990, PART VI, SECTION B, LINE 15	INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE SET THE COMPENSATION OF THE PRESIDENT & CEO BASED ON ADVICE OF THE EXECUTIVE COMMITTEE. THIS ADVICE IS BASED ON COMPARABLE DATA.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES ITS FORM 990 UPON REQUEST AND IT IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG.
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

Return to Form

Software ID:

Software Version: