## PROJECT ON GOVERMENT OVERSIGHT, INC.

**Public Disclosure Copy** 

Year Ended December 31, 2003

Return of Organization Exempt From Income Tax
Under section 501(c), 627, or 4947(a)(1) of the internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1845-0047 Open to Public

Department of the Tressury Internet Revenue Service

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

heck If splicable: Address change Name shange lested return	C Name of organization  and the state of project on Government (  project on Government (  Number and street (or P.O. box it mail is not del  secondo 566 11th Street, NW			D Employer Ident  52-173  E Yelephone num	
Address change Name change Initial Initial Initial	Project on Government ( Number and street (or P.O. box it mail is not del				
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Final			500	Committee of the Commit	7-1122
retarn	Instruc-				Caun X Acon
Amended	Washington, DC 20001			Other (specify)	
Application pending		nexempt charitable trests	H and Lare not app		527 organizations.
reanization	must attach a completed Schedule A (Form 990 or www.pogo.org on type (plack only one)   X   501(c) ( 3 )   (neer no.)	990-EZ).  4947(a)(1) or 527 not more than \$25,000. The received a Form 990 Package	H(a) is this a group of H(b) if "Yes," enter no H(c) Are all affiliates (If "No," attach a H(d) is this a separat ganization cove I Group Exemptic	return for affiliates; umber of affiliates; included? N/, list.) te return filed by ar red by a group ruli on Number >	Yes X  A Yes  Or-  Or-  Yes X
			200 S. CT 4 CT GO SEC. 5, Taxable 1		is not required to atta
ross recei	pts: Add lines 6b, 8b, 9b, and 10b to line 12	737,125.	4700 5 4000 5	90, 990-EZ, or 990	-PF).
	evenue, Expenses, and Changes in Net	Assets or Fund Bala	inces		
1 C	contributions, gifts, grants, and similar amounts received:	700	i		
a D	Direct public support	10	g	1 1	
	ndirect public support	1b			
c G	Sovernment contributions (grants)	tc			1222 1 1272
4 T	otal (add lines 1a through 1c) (cash \$671	,548 noncash \$	49,999.		721,547
	Program service revenue including government fees and co	ntracts (from Part VII, line 93)		2	2,421
	dembership dues and assessments			3	
4 Ir	nterest on savings and temporary cash investments			4	8,773
. 5 D	Dividends and interest from securities	6.7	1	5	4,384
	Gross rents				
	ess; rental expenses				
n	Net rental income or (loss) (subtract line 6b from line 6a)			6g	
	Other Investment Income (describe	7708 20 00 00 C	(m) Auto-	1 1 1	
	Gross amount from sales of assets other	(A) Securities Ba	(B) Other		
	han inventory	86			
1.00	ess; cost or other basis and sales expenses	Bc Bc			
	Sain or (loss) (attach schedule)	00		88	
	Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any emour	t to from samilar object bors	< <del>*****</del> *******************************	du	
	Special events and activities (attach schedule), it any emoti Gross revenue (not including \$	of contributions			
		St.	1		
	eported on line 1a)	9b		==	
1, 7, 1, 7, 1	Net income or (loss) from special events (subtract line 9b fr			9¢	
	Gross sales of inventory, less returns and allowances	10a	ì		
	ess: cost of goods sold	10h			
	Gross profit or (loss) from sales of inventory (attach schedu		10a)	10c	
	Other revenue (from Part VII, line 103)		rest.	11	
	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, a	nd 11)		12	737,125
	Program services (from line 44, column (B))		4	13	628,942
10.7 %	Management and general (from line 44, column (C))			14	20,724
10.00	Fundraising (from line 44, column (D))			15	46,764
	Payments to affiliates (attach schedule)	16			
	Total expenses (add lines 16 and 44, column (A))	. I	and the same states	17	696,430
17 1			18	40.695	
18 E	Excess or (deficit) for the year (subtract line 17 from line 12			10.	
18 E	Excess or (deficit) for the year (subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line			19	
18 E		73, column (A))	Statement	19	1.175.137

Functional Expenses and	GRUKSIIG	ns must complete column	(A). Columns (B), (C), and	C . 52-17 (0) are required for section	501(c)(3) Page
Do not include amounts reported on line	4) organi	zations and section 4947(	(8) Program	(C) Management	rs.
6b, 8b, 9b, 10b, or 16 of Part I.	-	(A) Total	sarvices	and general	(D) Fundraising
Grants and allocations (attach schedule)					
cash \$noncesh \$	22				
Specific assistance to individuals (attach schedule)					
Benefits paid to or for members (attach schedule)	24	144 777	104 747	4 242	0 600
Compensation of officers, directors, etc.		144,777.	131,747.	4,343.	8,687
5 Other salaries and wages	27	301,564.	274,423.	9,047.	ia .
Pension plan contributions	100000000000000000000000000000000000000	27,815. 35,227.	25,312.	1,057.	
Other employee benefits		35,131.	32,056.	1,054.	2
Payroll taxes Professional fundraising fees		33,131,	31,303.	1,054.	
Accounting fees		11,248.	10,236.	337.	675
Legal fees	100000	1,753.	1,595.	53.	105
Supplies	_	5,014.	4,563.	150.	301
Telephone		9,488.	8,634.	285.	569.
Postage and shipping	35	6,479.	5,896.	194.	389
Occupancy	36	57.628.	52,441.	1.729.	3,458
Equipment rental and maintenance		3,834.	3,489.	115.	230.
Printing and publications	38	11,803.	10,741.	354.	708.
Travel		2,507.	2,282.	75.	150
Conferences, conventions, and meetings		2/20/1	2/2021		
Interest	41				
Depreciation, depletion, etc. (attach schedule)	42	10,037.	9,134.	301.	602
Other expenses not covered above (Itemize):	75	10/05/1	2/45/21	201.	002
E	438				
	43b				
	430				
	48d				
See Statement 2	430	32,125.	24,424.	796.	6,905.
Total functional expenses (and lines 27 through 43)	500		The state of the s		
int Costs. Check  if you are following SOP 96 any joint costs from a combined educational campai Yes," enter (i) the aggregate amount of these joint combined in the second costs.	8-2. ign and fi sts \$	:(i	) the amount allocated to i	rogram services \$	46.764.
int Cests. Check  if you are following SOP 96 any joint costs from a combined educational campai Yes, enter (i) the aggregate amount of these joint companies amount allocated to Management and general Sert III   Statement of Program Servicat is the organization's primary exempt purpose?	8-2. ign and fi sts \$ ce Acc	indraising solicitation repo ; (ii ; and (iv complishments a Statement	orted in (B) Program service) the amount allocated to it the amount allocated to	es?  Program services \$ Fundralsing \$	Yes X No :
int Ceats. Check  if you are following SOP 96 any joint costs from a combined educational campai Yes, enter (i) the aggregate amount of these joint costs the amount allocated to Management and general Part III   Statement of Program Service that is the organization's primary exempt purpose?   organizations must describe that example purpose adversarial deverants that are not measurable. (Section 50 (cg2) and (4) or	8-2. ign and fi sts \$ Ce Acc	indraising solicitation reports (iii ; and (iii complishments a Statement	orted in (B) Program service) the amount allocated to it the amount allocated to it.	Program services \$ Fundraising \$  Hisethone lessand, atc. Olecuses he amount of grents and	Program Service Expenses (Required for 60 (10(3) and (4) orgs, and 4047(s(1))
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#### Part IV Balance Sheets

	re required, attached schedules and amounts tild be for end-of-year amounts only.	within the des	cription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			24,738.	45	46,419
46	Savings and temporary cash investments			522,023.	46	227,542
		1 1				
	Accounts receivable	47a	ravuureda ees			
b	Less: allowance for doubtful accounts	47b	1,00313-0		47g	
40 -	Pladas resivable	400				
48 a	Pledges receivable Less: allowance for doubtful accounts	48a 48b	Ga / Co. a character		400	
49	Grants receivable	1 400		80,000.	48c	80,000
50	Receivables from officers, directors, trustees,			00,000.	78	00,000
00	and key employees				50	
51 a	Other notes and loans receivable	1 1		··-·		
	Less; allowance for doubtful accounts	51b	+5.5"		51c	
52	Inventories for sale or use	0.01		<del></del>	52	
53	Prepaid expenses and deferred charges			4,363.	53	4,446
54	Investments - securities Stmt 7	▶ [	Cost X FMV	523,573.	54	867,362
55 a		_				
	equipment basis			7		
b	Less: accumulated depreciation	55b	407.6		55c	
56	Investments - other	,			68	
57 a	Land, buildings, and equipment basis	57a	55,606.			
b	Less: accumulated depreciation	57b	35,090.	23,536.	57c	20,516
58	Other assets (describe		)		58	
				4 4		
59	Total assets (add lines 45 through 58) (must equa			1,178,233.	59	1,246,285
60	Accounts payable and accrued expenses			3,096.	60	
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key er				63	
	Tax-exempt bond liabilities				64a	
	Mortgages and other notes payable				64b	
65	Other liabilities (describe		/-		65	
66	Total liabilities (add lines 60 through 65)			3,096.	66	0
		X and comple	te lines 67 through	3,030.	- 00	
Oiga	69 and lines 73 and 74.	and comple	in an object			
67	Unrestricted		}	1,095,137.	67	1,033,785
68	Temporarily restricted			80,000.	68	212,500
69	Permanently restricted				69	2227000
	nizations that do not follow SFAS 117, check here		complete lines			
	70 through 74.					
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and eq				71	
72	Retained earnings, endowment, accumulated inco				72	
73	Total net assets or fund balances (add lines 67 th					
	column (A) must equal line 19; column (B) must e	_		1,175,137.	73	1,246,285
74	Total liabilities and net assets / fund balances (a			1.178.233.	74	1.246.285

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

COPY

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Recond		52-17394 enses per A with Expens	udited
Total revenue, gains, and other support per audited financial statements    Amounts included on line  but not on line 12, Form 990:  (1) Net unrealized gains	a Total expenses and k audited financial state b Amounts included on line 17, Form 990; (1) Donated services and use of facilities. (2) Prior year adjustment reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify);	ements line a but not on \$s		696.430.
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributions to amployee benefit plans & daferred	(E) Expense account and other allowances
Danielle Brian 666 11th Street NW, Suite 500 Washington, DC 20001 Keith Rutter 666 11th Street NW, Suite 500 Washington, DC 20001 See Attached Statement for Listing of Non-Compensated Officers,	Exec. Directo 40 hrs/wk Dir. Operatio 40 hrs/wk	74,000. ns/Secret	4,760.	0.
Directors and Trustees	(,	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. 
Yes X No 22303 1 12-17-09

	t VI Other Information				Yes	No
3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed di	escriptio	n of each activity	76		X
7	Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes.		01011-04011-04041-041	77		A
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this cate	110/2	70.		x
				784		A
	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year?			785	-	A
				79		_
	If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through		21.122	1		l.
	is the organization related (other than by association with a statewide or nationwide organization) through	commo	n membersnip,	-:		-
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			804		X
D	If "Yes," enter the name of the organization					
	and check whether it is	6)	compt or nonexampt.			
	Enter direct or indirect political expenditures. See line 81 Instructions	814	0	1		l
D	Did the organization file Form 1120-POL for this year?			81b	_	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	or at sul	bstantially less than	l		
	fair rental value?			82a	_	X
b	If "Yes," you may indicate the value of these Items here. Do not include this amount as revenue in Part I or		29	- 5		
	expense in Part II. (See instructions in Part III.)		N/A			
	Did the organization comply with the public inspection requirements for returns and exemption application	18?		83a	X	
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	120		835	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	XC	N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of					
	tax deductible?	(910)	N/A	845		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	854		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	860		
~	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			900		
	owed for the prior year.		ou a mairoi noi proxy tax			
	Dues, assessments, and similar amounts from members	1 05.	N/A	1 -	111	
4			N/A	1		
ů	Section 162(s) lobbying and political expenditures		N/A	10	162	
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			1	7.1	
•	Taxable amount of lobbying and political expenditures (line 85d less 85e)	1 805	N/A			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	850	_	-
ħ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85					1.
	allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		
	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A	-	H.	1
þ	Gross receipts, included on line 12, for public use of club facilities		N/A			
	501(c)(12) organizations. Enter:   Gross income from members or shareholders		N/A		A_*	
b	Gross income from other sources. (Do not net amounts due or paid to other sources				100	
	against amounts due or received from them.)	87b	N/A	0.1	::	
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		ship,	1		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30	1.7701-	37			
	If "Yes," complete Part IX	200		88		X
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
	section 4911▶ 0 . ; section 4912▶ 0 . ; section 49	55 >	0.		-2	
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit					
_	transaction during the year or did it become sware of an excess benefit transaction from a prior year?					
	If "Yes," attach a statement explaining each transaction			895		v
•	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			000		_^
٠						in.
	sections 4912, 4955, and 4958	***************************************		-	_	- 2
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			-	_	V.
•	List the states with which a copy of this return is filed District of Columbia	2	Two T	-		-
	Number of employees employed in the pay period that includes March 12, 2003			1 4 44		_ `
ļ.	The books are in care of ▶ The Organization	Tel	ephone no. ► <u>(202)3</u>	47-	112	2_
	COLUMNICATION PARAMETER AND PROPERTIES AND PROPERTIES AND ANALYSIS ANA	745, 1 <u>744</u> 656	El dewa Alderda		4	
		- 00	ZIP • 4 ► 2	nnn	1	
	Located at ▶ 666 11th Street NW.Suite 500, Washington	1 DC		000		
	Located at ▶ 666 11th Street NW, Suite 500, Washington Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in Neu of Form 1041- Check here.				▶[	
17-	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/	<b>▶</b> [	

15590428 786783 POGO

dicated.	r gross amounts unless othe		(A) Business code	(B) Amount	(C)	(D) Amount	(E) Related or exampt function income
T	m service revenue: olication incom		COUR	LES ALGORIT	opda		2.421
- Pul	DITCALION INCOM	le -			+		4.941
d			-,72			1.78	
•							
	re/Medicaid payments			7.0			
	nd contracts from government a			24			
	ership dues and as sessments		-		-		
	t on savings and temporary cast		-	11000	14	8,773.	
	nds and interest from securities				14	4,384.	
	ital income or (loss) from real es		-	-	++-		
	nanced property		-		+		
Not rec	ot-financed property ital income or (loss) from person	nal property					
	nvestment income	Constitution of the Consti					
	(loss) from sales of assets						
	han inventory					2.31	
	ome or (loss) from special even				= 100		
Gross p	profit or (loss) from sales of inve	entory					
	evenue:	N (2860M)				37.1	
					11111		
					-		
			_				
_							
=			-		-		
Total (	al (add columns (B), (D), and (E) add line 104, columns (B), (D), a 105 plus line 1d, Part I, shou	ind (E)) Id equal the amount	on line 12.	Part I.			15,578
Total (a : Line art VIII	add line 104, columns (8), (0), a 105 plus line 1d, Part I, shoul Relationship of Act Explain how each activity for wi	ind (E)) Id equal the amount Ivities to the Achiel income is reported	on line 12, complis d in column (	Part I. hment of Exem E) of Part VII contribut	pt Purpo	Ses (See page 34 of the le	15,578
Total (: e: Line art VIII	add line 104, columns (8), (0), a 105 plus line 1d, Part I, should Relationship of Act	ind (E))  Id equal the amount  Ivities to the Adhich income is reported y providing funds for s	on line 12, complis d in column ( such purpose	Part I. hment of Exem E) of Part VII contribut s).	npt Purpo	Ses (See page 34 of that is y to the accomplishment of	15,578
Total (as: Line art Vill as No.  art IX sart IX	add line 104, columns (8), (D), a 105 plus line 1d, Part I, shoul Relationship of Act Explain how each activity for wi exampt purposes (other than b Dissemination columns Information Regard (A) dress, and EiN of corporation,	ind (E)) Id equal the amount Ivities to the Adhich income is reported by providing funds for so of informat  fing Taxable Su	on line 12, complis d in column such purpose tion t	Part I. hment of Exem E) of Part VII contribut s). hrough pub	npt Purpo ed importanti licati	Ses (See page 34 of that is y to the accomplishment of Ons.	nstructions.) (the organization's
Total (and Line and Ville No.	add line 104, columns (8), (0), a 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for what exampt purposes (other than bots semination of	ind (E))  Id equal the amount  Ivities to the Adhich income is reported by providing funds for a  of informat  fing Taxable Su  Percentage of ownership interest	on line 12, complis d in column such purpose tion t	Part I. hment of Exem E) of Part VII contribut s). hrough pub	npt Purpo ed importanti licati	Ses (See page 34 of that is y to the accomplishment of Ons.	15,578 instructions.) the organization's
Total (and Line art VIII as No.	add line 104, columns (8), (D), a 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for with exampt purposes (other than bots semination columns (A) dress, and EIN of corporation, archip, or disregarded entity	ind (E))  Id equal the amount  Ivities to the Adhich income is reported by providing funds for a  of informat  fing Taxable Su  Percentage of ownership interest	on line 12, complis d in column such purpose tion t	Part I. hment of Exem E) of Part VII contribut s). hrough pub	npt Purpo ed importanti licati	Ses (See page 34 of that is y to the accomplishment of Ons.	15,578 instructions.) the organization's instructions.) (E) End-or-year
Total (as: Line art Vill as No.  art IX sart IX	add line 104, columns (8), (D), a 105 plus line 1d, Part I, shoul Relationship of Act Explain how each activity for wi exampt purposes (other than b Dissemination columns Information Regard (A) dress, and EiN of corporation,	ind (E)) Id equal the amount Ivities to the Adhich income is reported by providing funds for so of informat  fing Taxable Su  Percentage of ownership interest	on line 12, complis d in column such purpose tion t	Part I. hment of Exem E) of Part VII contribut s). hrough pub	npt Purpo ed importanti licati	Ses (See page 34 of that is y to the accomplishment of Ons.	15,578 instructions.) the organization's instructions.) (E) End-or-year
Total (as: Line art Vill as No.  art IX sart IX	add line 104, columns (8), (D), a 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for with exampt purposes (other than bots semination columns (A) dress, and EIN of corporation, archip, or disregarded entity	ind (E))  Id equal the amount  Ivities to the Adhich income is reported by providing funds for a  of informat  fing Taxable Su  Percentage of ownership interest	on line 12, complis d in column such purpose tion t	Part I. hment of Exem E) of Part VII contribut s). hrough pub	npt Purpo ed importanti licati	Ses (See page 34 of that is y to the accomplishment of Ons.	structions.)
Total (a: Line art Vill e No.  a art IX iame, add partne	add line 104, columns (8), (D), a 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for with exampt purposes (other than bots semination columns (A) dress, and EIN of corporation, archip, or disregarded entity	ind (E)) Id equal the amount Ivities to the Adhich income is reported by providing funds for so of informat  fing Taxable Su  (B) Percentage of ownership interest  % % %	on line 12, complised in column ( such purpose cion t	Pert I. hment of Exem E) of Part VII contribut s). hrough pub es and Disregar (C) Nature of activities	npt Purpo ed important licati	Ses (See page 34 of the let to the accomplishment of OTLS .  les (See page 34 of the name (D) Total income	nstructions.) If the organization's  structions.) End-or-year assets
Total (: Line art VIII a No.  art IX art IX art X ) Did th ) Did th ) bet: # "	add line 104, columns (8), (D), a 105 plus line 1d, Part I, shoul Relationship of Act Explain how each activity for wi exampt purposes (other than b DISSEMINATION C  Information Regard dress, and EIN of corporation, ership, or disregarded entity  N/A  Information Regard to organization, during the year, is organization.	ind (E))  Id equal the amount  Ivities to the Ac  Inich income is reported by providing funds for a  Informat  Infor	complised in column (such purpose to the following column is to the following column is to the following column in the followi	Part I.  chment of Exem E) of Part VII contribut s).  hrough pub es and Disregar Nature of activities  ed with Persons ctly, to pay premiums of, on a personal benefit	npt Purpo ed importanti clicati ded Entit ded Entit al Benefit on a personal contract?	Ses (See page 34 of the let to the accomplishment of Ons.  Ies (See page 34 of the notation income  Contracts (See page benefit contract?	15,578  Instructions.)  If the organization's  Structions.)  End-of-year  BSS81S  34 of the instructions.)  Yes X No.  Yes X No.
Total (:  :: Line  art Viii  ne No.  w  art iX  lame, add  partne  art X  i) Did th  )) Did th  cte: # "	Information Regard  (A)  Information Regard  (A)  Information Regard  Information Regard  (A)  Information Regard  Information Regard  Information Regard  Information Regard  Information Regard  (A)  Information Regard  Information Regard  (B)  Information Regard  (B)  Information Regard  Information Rega	ind (E))  Id equal the amount  Ivities to the Ac  Inich income is reported by providing funds for a  Informat  Infor	complised in column (such purpose cion to the column) is seen to the column (such purpose cion to the	Part I.  chment of Exem E) of Part VII contribut s).  hrough pub es and Disregar (C) Nature of activities  and with Persona city, to pay premiums of the pay premiums of the premium of	al Benefit on a personal contract?	Ses (See page 34 of the let to the accomplishment of the accomplishment of the constant of the name of the second of the s	nstructions.) (the organization's  structions.)  End-of-year assets  34 of the instructions.)  Yes X No. Yes X No. Yes X No.
Total (: :: Line art VIII :: Line art VIII :: Line art IX :: Line	add line 104, columns (8), (D), a 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for wis exempt purposes (other than both seemination Columns (A).  Information Regard dress, and EIN of corporation, arship, or disregarded entity.  N/A.  Information Regard to organization, during the year, and e organization, during the year, are organization, during the year, and Lindser penalties of persetty. I declare to correct, and consolicities, Designation of the correct of th	ind (E))  Id equal the amount  Ivities to the Ac  Inich income is reported by providing funds for a  Informat  Infor	complised in column (such purpose sion to be sidiaries)  Associated city or indirectly is based on a life based on a l	Pert I.  hment of Exem E) of Part VII contribut s).  hrough pub es and Disregar (C) Nature of activities  ed with Persona city, to pay premiums of, on a personal benefit	ded Entit	Ses (See page 34 of the let to the accomplishment of the accomplishment of the constant of the name of the second of the s	15,578  Instructions.)  If the organization's  Structions.)  (E) End-of-year ASS81S  34 of the instructions.)  Yes X No. Yes X No.

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

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Project on Government Ov	ersight, Inc.		52 17394	
Part 1 Compensation of the Five Highest Paid Emplo (See page 1 of the instructions. List each one. If there are none, enter	oyees Other Than Off	icers, Directo		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(e) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(b) Expense account and other allowances
Beth Daley, 666 11th Street, NW	Dir of Comm			
Suite 500, Washington, DC 20001	40 hrs/wk	65,560.	12,671.	
Eric Miller, 666 11th Street, NW	Sr Def Invest			
Suite 500, Washington, DC 20001	40 hrs/wk	54,347.	12,031.	
Peter Stockton, 666 11th Street, NW	Sr Invest			
Suite 500, Washington, DC 20001	40 hrs/wk	50,300.	2,988.	
Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Indep	0 endent Contractors fo	or Profession	al Services	
(See page 2 of the instructions. List each one (whether individuals of (a) Name and address of each independent contractor paid more	W M. C. C. C. C.	'None.") (b) Type of	service	(c) Compensation
None			-p-m(*)	
		ADV.	/ Jac. 1	
			- C	
			8.	
Total number of others receiving over \$50,000 for professional services	0			

323101/12-08-03 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Part	III Statements About Activities (See page 2 of the instructions.)		Yes	No.
	rring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influ	ance	1888	1
pub	blic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	8		
lobb	obying activities ▶ \$\$ 6,562. (Must equal arnounts on I	ine 38, Part VI-A,		
	line ( of Part VI-B.) VI-B, line i	_1	X	4
100	ganizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations	checking	1	1
0.00	es," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	W20 00		1
	iring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial co		T	
	istees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with whi	- CC		
1.00	rson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question	is "Yes,"		
	tach a detailed statement explaining the transactions.)			30
a San	le, exchange, or leasing of property?	28	-	Х
b Len	nding of money or other extension of credit?	25	-	X
e Fun	mishing of goods, services, or facilities?	20	-	x
	and of any and the fact of mind of the last of the las	Porm 990	1	
e Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V. I	Form 990 20	X	
e Trac	ansfer of any part of its income or assets?	26		x
				-
8 . Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how u determine that recipients qualify to receive payments.)	3a		X
b Do	o you have a section 403(b) annuity plan for your employees?	36	X	
4 Did	d you maintain any separate account for participating donors where donors have the right to provide advice			42
Part	the use or distribution of funds?  IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the Instructions.)			X
8   9   10   11a   11b   12	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gent Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership to receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more that its support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and support	eral public.  les, and gross an 33 1/3% of sinesses acquired (-A.)		
10	(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (8), if they meet the test of section 509(a)(2). (See  Provide the following information about the supported organizations. (See page 5 of the instru	section 509(a)(3).)	50.	
		1 1790	ine num	ber
	(a) Name(s) of supported organization(s)		rom ab	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruction	ne V		

described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2002) (2001) (2000) (1999) Add: Amounts from column (e) for lines: 20 21 27c N/A d Add: Line 27a total ... 27d Public support (line 27c total minus line 27d total) 27e N/A Total support for section 509(a)(2) test: Enter amount on line 23, column (e) \_\_\_\_\_ P 27f N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

None

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	Don't have a socially and description and a superior burdents by obstances in the charter bulgue other according		Yes	N
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	$\vdash$	_
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	20		
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			_
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	81		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		_		
2	Does the organization maintain the following:	900		
	Records Indicating the racial composition of the student body, faculty, and administrative staff?	328		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32b		$\vdash$
G		320		
đ	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32d		_
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
3	Does the organization discriminate by race in any way with respect to:	_		
	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
	Educational policies?	33e		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_   .		
		-		
4 a		84a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	igsqcut	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	1		

Schedule A (Form 990 or 990-EZ) 2003

#### Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

		Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
26	Total lobbuing expenditures to influence	public opinion (grassroots lobbying)	36	N/A	0
37		a legislative body (direct lobbying)	87		5,562
38		5 and 37)	1		6,562
39			-		689,868
40		lines 38 and 39)	+ +		696,430
61	Lobbying nontaxable amount. Enter the if the amount on line 40 is -				
	Not over \$500,000	20% of the amount on line 40	1		
	Over \$1,000,000 but not over \$1,500,000		41		129,465
	Over \$1,500,000 but not over \$17,000,000				
	Over \$17,000,000		J		
12		% of line 41)	42		32,366
13	Subtract line 42 from line 36, Enter -0- i	line 42 is more than line 36	43		0
4		line 41 is more than line 38	44		0
	Caution: If there is an amount on all	her line 43 or line 44, you must file Form 4720.			

#### 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 instructions for lines 45 through 50 on page 11 of the instructions.)

	Deligation and the mass		again and an programme of the control			
	Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(e) 2001	(d) 2000	(e) Total	
45 Lobbying nontaxable amount	129,465.				129,465.	
46 Lobbying ceiling amount (150% of line 45(e))				A STATE OF THE STA	194,198.	
47 Total lobbying expenditures	6,562.				6,562.	
48 Grassroots nontaxable amount	32,366.				32,366.	
49 Grassroots celling amount (150% of line 48(e))				NEW REI	48,549.	
50 Grassroots lobbying expenditures					0.	

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organization	s mai did noi complete Pan	t vi-w) (see page 12 of the manacoons.)	
	CONTRACTOR OF STREET STREET, S		į

N/A

			74.7.40.70.70
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
Volunteers			
Paid staff or management (Include compensation in expenses reported on lines e through h.)			
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			
Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
Total lobbying expenditures (Add lines a through N.)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule A (Form 990 or 990-EZ) 2003

323151 12-06-03

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

Name of organization

#### Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

Project on Government Oversight, Inc. 52-1739443 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990 and Form 990-EZ

Name of organization

Employer identification number

#### Project on Government Oversight, Inc.

52-1739443

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		30,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		49,999.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Name of organization

Employer identification number

#### Project on Government Oversight, Inc.

52-1739443

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		s50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
و		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$ 15,000.	Person X Payroll  Moncash  (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		s 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 50,000.	Person X Payroll

21460506 786783 POGO

Name of organization

Employer identification number

Project on Government Oversidnt, ind	Project	on Government	Oversight,	Inc
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52-1739443

Part I	Contributor	rs (See Specific Instructions.)			
(a) No.		(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
13				\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
				\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.		(b) Name, address, and ZIP + 4	/ de aux-	(c) Aggregate contributions	(d) Type of contribution
				\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.		(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
					Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.		(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
					Person Payroll Occash Complete Part II if there is a noncash contribution.
(a) No.		(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
					Person Payroll Noncash (Complete Part II if there is a noncash contribution.

21460506 786783 POGO

Employer identification number

#### Project on Government Oversight, Inc.

52-1739443

(a) No.			(c)	
no. from	(b)		FMV (or estimate)	(d)
mom Part I	Description of noncash property given	100	(see instructions)	Date received
	Publicly traded securities			
6		(123)		
	100		\$ <u>49,999.</u>	<u> Various</u>
		TAX S		
(a)	e agli		(c)	
No.	(b)		FMV (or estimate)	(d)
from Part I	Description of noncash property given	\$ 54YES	(see instructions)	Date received
ranti				
		10, 40,		
		SPESA.	. *	
	The same of the sa			
			-	
(a)		37-57		
No.	(b)	25 SX	(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I		632.7	(see instructions)	
		TEXT		
			A Way	
			\$ 1876	
		W.E.		
(a)		347.1	(c)	
No.	(b)	2 32	FMV (or estimate)	(d)
from Part I	Description of noncash property given	22.6	(see instructions)	Date received
arti				
	SERVICE AND ARREST CHARLES AND ASSESSED.	Secretary and the second		
		126/49/31 12/20/24		
1				
		25 M. C.	*	
(a)				
No.	(b)	10	(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
art I			(see instructions)	
	Professional Control of the Control	17. 16. To		
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	The state of the s		\$	
(a)			(c)	
No.	(b)	A S	FMV (or estimate)	(d)
rom Part I	Description of noncash property given		(see instructions)	Date received
arti		75727		
	The state of the s	537267		
	1 the property of the second control of the			
[				
		C AND SHOULD NOT THE REAL PROPERTY.	Schedule B (Form 99	

6,905.

Form 990	Other	Changes in	n Net	Assets	or Fund	l Balances	Statement	1
Description							Amount	
Unrealized gain	on inv	restments					30,4	53.
Total to Form 99	0, Par	t I, line	20				30,4	53.
Form 990			Oth	er Exper	ıses		Statement	2
Description		(A) Total	L	(I Prog Serv	-	(C) Management and General	(D) Fundraisi	ng
Intern stipends Insurance Research materia Web/internet expenses Bank and payroll	ls	3 ; 5 ; 7 ;	,097. ,260. ,849. ,953.		6,458. 2,966. 5,345. 7,237.	213. 98. 168. 239.	1 3 4	26 96 36 77
fees Development Membership professional gro Event expenses	wth	1,	640. 427.		583. 55.	19.	1,9	<b>4</b> 3

Form 99	90 8	Statement	of	Organization's Part I	_	Exempt	Purpose	Statement	3

24,424.

32,125.

#### Explanation

Total to Fm 990, ln 43

POGO investigates, exposes, and seeks to remedy systematic abuses of power, mismanagement, and subservience by the federal government to powerful special intersts. Founded in 1981, POGO is a politically independent, not-for-profit watchdog that strives to promote a government that is accountable to the citizenry.



796.

Form 990	Statement of	Program	Service	Acco	mplishments	Statement	4
Description of	Program Servi	.ce One					
Nuclear Securit expose and reme at the Departme and at the nati are regulated b	edy mismanagement of Energy' on's commerci	ment and s nuclea: al nuclea	security r weapon ar facil	weak s fac ities	nesses ilities which		
				_	Grants	Expenses	
To Form 990, Pa	art III, line	a		=		186,6	10.
Form 990	Statement of	Program	Service	Acco	mplishments	Statement	5
Description of	Program Servi	.ce Two					
Defense Investi and educates th budget, the exc industry over g this influence	ne public abou cessive influe government dec	t abuses ence wield dision male	within ded by the king, and	the d he de d the	efense fense impact of		
					Grants	Expenses	
To Form 990, Pa	art III, line	b				165,8	46.
Form 990		Other P	rogram S	ervic	es	Statement	6
Description					Grants and Allocations	Expenses	
Energy and Envi Government Secr Lobbying		_	s			20,7° 55,20 6,50	56.



Total to Form 990, Part III, line e

82,607.

Form 990	Non-Gov	ernment Secu	S	Statement 7	
Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
Mutual Funds	,		148,580.		148,580.
Preferred Investor Certificates				718,782.	718,782.
To 990, ln 54 Col B			148,580.	718,782.	867,362.

Project on Government Oversight, Inc. Form 990, Part II, Line 42 - Depreciation Form 990, Part IV, Line 57 - Land, Buildings, and Equipment Year Ended December 31, 2003

52-1739443

ASSETS	Beginning of Year	Additions	Disposals	End of Year
Office Furniture and Equipment	\$ 58,891	\$ 7,017	\$ (10,302)	\$ 55,606
Total	\$ 58,891	<u>\$</u> 7,017	\$ (10,302)	\$ 55,606
ACCUMULATED DEPRECIATION	Beginning of Year	Current Year Depreciation	Disposals	End of Year
Office Furniture and Equipment	\$ 35,355	\$ 10,037	\$ (10,302)	\$ 35,090
Total	\$ 35,355	\$ 10,037	\$ (10,302)	\$ 35,090

Note: Furniture and equipment are stated at cost and are depreciated, using the straight-line method over estimated useful lives of three to seven years, with no salvage value. Expenditures for major repairs and improvements are capitalized; expenditures for minor repairs and maintenance costs are expensed when incurred.



# Project on Government Oversight, Inc. Form 990, Part V - List of Officers, Directors, Trustees and Key Employees (Non-compensated) Year Ended December 31, 2003 52-1739443

<u>Name</u>	<u>Title</u>
David Hunter	Board Chair
Jack Mitchell	Vice Chair
Dina Rasor	Treasurer
Ryan Alexander	Board Member
Henry Banta	Board Member
Lisa Baumgartner Bonds	Board Member
David Burnham	Board Member
Mike Cavallo	Board Member
Chuck Hamel	Board Member
Morton Mintz	Board Member
Marjorie Sims	Board Member
Anne Zill	Board Member

All of the individuals listed above are volunteers and are not compensated in their role as board members of Project on Government Oversight, Inc. (POGO). The board members provide less than one hour per week on average to attend board meetings, etc. All of the board members can be reached at the following corporate address of POGO:

666 11th Street NW, Suite 500 Washington, DC 20001

