

**PROJECT ON GOVERNMENT OVERSIGHT,
INC.**

Public Disclosure Copy

Year Ended December 31, 2005

Form **990**

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PROJECT ON GOVERNMENT OVERSIGHT, INC.		D Employer identification number 52-1739443	
		Number and street (or P.O. box if mail is not delivered to street address) 666 11TH STREET, NW		Room/suite 500	E Telephone number 202-347-1122
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates N/A

G Website: WWW.POGO.ORG
J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.
H(c) Are all affiliates included? N/A Yes No (if "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,632,798.**
I Group Exemption Number N/A
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	557,948.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 557,948. noncash \$)	1d	557,948.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	21,678.	
	5	Dividends and interest from securities	5	23,733.	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,024,191.	8a		
		1,024,191.	8b		
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 11,314. of contributions reported on line 1a)	9a	710.		
b	Less: direct expenses other than fundraising expenses	9b	3,722.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	<3,012.>	
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	4,538.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	604,885.		
Expenses	13	Program services (from line 44, column (B))	13	909,236.	
	14	Management and general (from line 44, column (C))	14	30,553.	
	15	Fundraising (from line 44, column (D))	15	119,603.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,059,392.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<454,507.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,505,688.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,040,059.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	249,796.	219,789.	17,586.	12,421.
26 Other salaries and wages	437,941.	372,007.	4,863.	61,071.
27 Pension plan contributions	39,302.	33,358.	387.	5,557.
28 Other employee benefits	36,280.	31,301.	63.	4,916.
29 Payroll taxes	50,870.	43,748.	1,526.	5,596.
30 Professional fundraising fees				
31 Accounting fees	14,305.	12,302.	429.	1,574.
32 Legal fees	4,027.	3,463.	121.	443.
33 Supplies	4,988.	4,303.	141.	544.
34 Telephone	8,391.	7,216.	252.	923.
35 Postage and shipping	6,763.	5,855.	195.	713.
36 Occupancy	62,704.	53,926.	1,881.	6,897.
37 Equipment rental and maintenance	432.	371.	13.	48.
38 Printing and publications	24,398.	21,319.	660.	2,419.
39 Travel	12,945.	11,133.	388.	1,424.
40 Conferences, conventions, and meetings ...				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	11,219.	9,649.	336.	1,234.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	95,031.	79,496.	1,712.	13,823.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,059,392.	909,236.	30,553.	119,603.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 5



Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a NUCLEAR SECURITY INVESTIGATIONS: THIS PROJECT WORKS TO EXPOSE AND REMEDY MISMANAGEMENT AND SECURITY WEAKNESSES AT THE DEPARTMENT OF ENERGY'S NUCLEAR WEAPONS FACILITIES AND AT THE NATION'S COMMERCIAL NUCLEAR FACILITIES WHICH ARE REGULATED BY THE NUCLEAR REGULATORY COMMISSION.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

154,649.

b DEFENSE INVESTIGATIONS: THIS PROJECT INVESTIGATES, EXPOSES AND EDUCATES THE PUBLIC ABOUT FINANCIAL MISMANAGEMENT WITHIN THE DEFENSE BUDGET, THE EXCESSIVE INFLUENCE WIELDED BY THE DEFENSE INDUSTRY OVER GOVERNMENT DECISION MAKING, AND THE IMPACT OF THIS INFLUENCE ON THE DEFENSE BUDGET.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

142,982.

c GENERAL PROGRAM: THIS PROGRAM INVESTIGATES, EXPOSES, AND SEEKS TO REMEDY SYSTEMIC ABUSES OF POWER, MISMANAGEMENT, AND UNDUE INFLUENCE BY SPECIAL INTERESTS OVER THE FEDERAL GOVERNMENT.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

91,677.

d CONTRACTOR ACCOUNTABILITY: THIS PROJECT SEEKS TO INVESTIGATE, EXPOSE AND REMEDY CASES WHERE CONTRACTORS EXERT INAPPROPRIATE SPECIAL INTEREST INFLUENCE OVER THE GOVERNMENT'S DECISION-MAKING.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

220,786.

e Other program services (attach schedule) SEE STATEMENT 7

(Grants and allocations \$) If this amount includes foreign grants, check here ►

299,142.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 909,236.



Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	47,366.	102,407.
	46 Savings and temporary cash investments	162,040.	705,982.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 55,000.	48c
	b Less: allowance for doubtful accounts	48b	55,000.
	49 Grants receivable	380,000.	49 4,000.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	4,491.	53 5,248.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	893,401.	54 172,216.
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 76,989.	57c	
b Less: accumulated depreciation	57b 59,280.	18,390.	
58 Other assets (describe ▶		58	
59 Total assets (must equal line 74). Add lines 45 through 58	1,505,688.	59 1,062,562.	
Liabilities	60 Accounts payable and accrued expenses		60 5,476.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	0.	64b 17,027.
	65 Other liabilities (describe ▶		65
66 Total liabilities. Add lines 60 through 65)	0.	66 22,503.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,105,688.	67 958,559.
	68 Temporarily restricted	400,000.	68 81,500.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,505,688.	73 1,040,059.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,505,688.	74 1,062,562.	

COPY Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

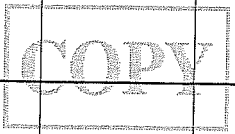
a	Total revenue, gains, and other support per audited financial statements		a	597,485.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<11,122.>	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SPECIAL EVENT EXPENSE</u>	b4	3,722.	
	Add lines b1 through b4			b <7,400.>
c	Subtract line b from line a			c 604,885.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d 0.
e	Total revenue (Part I, line 12). Add lines c and d			e 604,885.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,063,114.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SPECIAL EVENT EXPENSE</u>	b4	3,722.	
	Add lines b1 through b4			b 3,722.
c	Subtract line b from line a			c 1,059,392.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d 0.
e	Total expenses (Part I, line 17). Add lines c and d			e 1,059,392.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DANIELLE BRIAN 666 11TH STREET NW, SUITE 500 WASHINGTON, DC 20001	PRESIDENT/EXEC. DIRECTOR	40.00 78,264.	12,276.	0.
KEITH RUTTER 666 11TH STREET NW, SUITE 500 WASHINGTON, DC 20001	SECRETARY/DIR. OPERATIONS	40.00 74,568.	15,396.	0.
SCOTT AMEY 666 11TH STREET NW, SUITE 500 WASHINGTON, DC 20001	GENERAL COUNSEL	40.00 60,000.	9,292.	0.
SEE ATTACHED STATEMENT FOR LISTING OF NON-COMPENSATED OFFICERS, DIRECTORS AND TRUSTEES		0.00 0.	0.	0.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
Note. Related organizations include section 509(a)(3) supporting organizations.
if "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

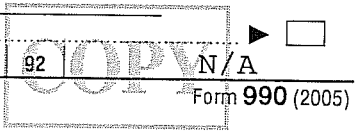
Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 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.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? COP
80 b If "Yes," enter the name of the organization N/A
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0
81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 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 aware of an excess benefit transaction from a prior year?
90 a List the states with which a copy of this return is filed
91 a The books are in care of THE ORGANIZATION Telephone no. (202) 347-1122 Located at 666 11TH STREET NW, SUITE 500, WASHINGTON DC, WAS ZIP +4 20001
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 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



Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	21,678.	
96 Dividends and interest from securities			14	23,733.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<3,012.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					4,538.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		42,399.	4,538.
105 Total (add line 104, columns (B), (D), and (E))					46,937.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	MISCELLANEOUS REVENUE FROM VARIOUS ACTIVITIES DIRECTLY RELATED TO THE ORGANIZAION'S EXEMPT PURPOSES, INCLUDING DISSEMINATION OF INFORMATION THROUGH PUBLICATIONS AND THE ORGANIZATION'S WEBSITE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here: *Danielle Brian* Signature of officer Date: 7/12/06 Type or print name and title: Danielle Brian, Executive Director

Preparer's signature: *R. H. J. A.* Date: 7/18/06 Check if self-employed: Preparer's SSN or PTIN: *000000000*

Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, P.C. 1899 L STREET, NW, SUITE 600 WASHINGTON, DC 20036

EIN: _____ Phone no.: (202) 822-5000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **PROJECT ON GOVERNMENT OVERSIGHT, INC.**
Employer identification number: **52: 1739443**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BETH DALEY 666 11TH ST, NW, WASHINGTON, DC 20001	DIR-COMMUNICATIONS 40.00	69,816.	14,833.	0.
RAMONA STOLTZ 666 11TH ST, NW, WASHINGTON, DC 20001	DIR-ADVANCEMENT 40.00	65,747.	8,733.	0.
ERIC MILLER, SR. 666 11TH ST, NW, WASHINGTON, DC 20001	DEFENSE INVESTIGATOR 40.00	61,928.	12,546.	0.
PETER STOCKTON 666 11TH ST, NW, WASHINGTON, DC 20001	SR. INVESTIGATOR 40.00	52,344.	5,010.	0.
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ 5,094. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶ _____**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
COPY	

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	802,495.	721,547.	410,115.	591,206.	2,525,363.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	925.	2,421.	988.	5,111.	9,445.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17,475.	13,157.	20,950.	140,041.	191,623.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	820,895.	737,125.	432,053.	736,358.	2,726,431.
24 Line 23 minus line 17	819,970.	734,704.	431,065.	731,247.	2,716,986.
25 Enter 1% of line 23	8,209.	7,371.	4,321.	7,364.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					54,340.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					873,723.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					2,716,986.
d Add: Amounts from column (e) for lines: 18 191,623. 19 22 873,723.					1,065,346.
e Public support (line 26c minus line 26d total)					1,651,640.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.7894%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, 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					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

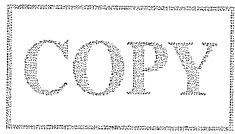
NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	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?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		



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)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	5,094.
38	Total lobbying expenditures (add lines 36 and 37)	38	5,094.
39	Other exempt purpose expenditures	39	1,054,298.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,059,392.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	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	41	180,939.
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	45,235.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount 180,939.	155,340.	129,465.	0.	465,744.
46	Lobbying ceiling amount (150% of line 45(e))				698,616.
47	Total lobbying expenditures 5,094.	8,615.	6,562.	0.	20,271.
48	Grassroots nontaxable amount 45,235.	38,835.	32,366.	0.	116,436.
49	Grassroots ceiling amount (150% of line 48(e))				174,654.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c 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
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2005

Name of organization

PROJECT ON GOVERNMENT OVERSIGHT, INC.

Employer identification number

52-1739443

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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 boxes 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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.)

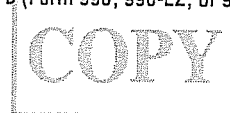
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the 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 2 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)



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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 12,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 33,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
7		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 13,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	1,024,191.	1,024,191.	0.	0.
TO FORM 990, PART I, LINE 8	<u>1,024,191.</u>	<u>1,024,191.</u>	<u>0.</u>	<u>0.</u>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RECEPTION	12,024.	11,314.	710.	3,722.	<3,012.>
TO FM 990, PART I, LINE 9	<u>12,024.</u>	<u>11,314.</u>	<u>710.</u>	<u>3,722.</u>	<u><3,012.></u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<11,122.>
TOTAL TO FORM 990, PART I, LINE 20	<u><11,122.></u>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INTERN STIPENDS	7,056.	6,096.	206.	754.
INSURANCE	3,819.	3,284.	115.	420.
RESEARCH MATERIALS	7,901.	6,941.	206.	754.
WEB/INTERNET EXPENSES	21,619.	20,327.	277.	1,015.
BANK AND PAYROLL FEES	3,065.	2,636.	92.	337.
DEVELOPMENT MEMBERSHIP	7,551.	0.	0.	7,551.
PROFESSIONAL GROWTH	1,494.	1,340.	33.	121.

33.
COPY

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443

CONSULTANT FEES	10,227.	8,795.	307.	1,125.
OUTREACH	14,355.	12,905.	311.	1,139.
WHISTLEBLOWER	12,430.	12,430.	0.	0.
MISCELLANEOUS	5,514.	4,742.	165.	607.
TOTAL TO FM 990, LN 43	95,031.	79,496.	1,712.	13,823.

COPY

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
DANIELLE BRIAN	78,264.	12,276.	0.	
A. PROGRAM SERVICES	72,786.	11,417.		84,203.
B. MANAGEMENT AND GENERAL	783.	123.		906.
C. FUNDRAISING	4,695.	736.		5,431.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
KEITH RUTTER	74,568.	15,396.	0.	
A. PROGRAM SERVICES	56,672.	11,701.		68,373.
B. MANAGEMENT AND GENERAL	12,677.	2,617.		15,294.
C. FUNDRAISING	5,219.	1,078.		6,297.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
SCOTT AMEY	60,000.	9,292.	0.	
A. PROGRAM SERVICES	58,200.	9,013.		67,213.
B. MANAGEMENT AND GENERAL	1,200.	186.		1,386.
C. FUNDRAISING	600.	93.		693.

TOTAL PROGRAM SERVICES				219,789.
TOTAL MANAGEMENT AND GENERAL				17,586.
TOTAL FUNDRAISING				12,421.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				249,796.

COPY

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

FOUNDED IN 1981, THE PROJECT ON GOVERNMENT OVERSIGHT (POGO) IS AN INDEPENDENT NONPROFIT THAT INVESTIGATES AND EXPOSES CORRUPTION AND OTHER MISCONDUCT IN ORDER TO ACHIEVE A MORE ACCOUNTABLE FEDERAL GOVERNMENT.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
WHISTLEBLOWER SECURITY INVESTIGATIONS		94,986.
GOVERNMENT SECRECY INVESTIGATIONS		71,704.
NUCLEAR POWER PLANT INVESTIGATIONS		20,373.
HOMELAND SECURITY INVESTIGATIONS		30,587.
ENERGY AND ENVIRONMENT INVESTIGATIONS		5,094.
LOBBYING		5,094.
Y-12 INVESTIGATIONS		71,304.
TOTAL TO FORM 990, PART III, LINE E		299,142.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			172,216.	172,216.
TO FORM 990, LINE 54, COL B				172,216.	172,216.



FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
BANK OF AMERICA		LINE OF CREDIT, INTEREST RATE AT PRIME + 1%	

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		50,000.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
	LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	17,027.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u>17,027.</u>
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COPY

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, 2005

52-1739443

ASSETS

	<u>Beginning of Year</u>	<u>Additions</u>	<u>Disposals</u>	<u>End of Year</u>
Office Furniture and Equipment	\$ 66,451	\$ 10,537	\$ -	\$ 76,988
Total	<u>\$ 66,451</u>	<u>\$ 10,537</u>	<u>\$ -</u>	<u>\$ 76,988</u>

ACCUMULATED
DEPRECIATION

	<u>Beginning of Year</u>	<u>Current Year Depreciation</u>	<u>Disposals</u>	<u>End of Year</u>
Office Furniture and Equipment	\$ 48,061	\$ 11,219	\$ -	\$ 59,280
Total	<u>\$ 48,061</u>	<u>\$ 11,219</u>	<u>\$ -</u>	<u>\$ 59,280</u>

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.

COPY

Project on Government Oversight, Inc.

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees (Non-compensated)

Year Ended December 31, 2005

52-1739443

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

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 approximately 10 hours per week on average as volunteer board members. All of the board members can be reached at the following corporate address of POGO:

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

COPY

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization PROJECT ON GOVERNMENT OVERSIGHT, INC.	Employer identification number 52-1739443
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 666 11TH STREET, NW, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **(202) 347-1122** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2005** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

