Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2007 calendar year, or tax year beginning and ending C Name of organization Check if Please D Employer identification number use IRS X Address change label of PROJECT ON GOVERNMENT OVERSIGHT, INC. print or 52-1739443 Name change type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific 1100 G STREET, NW 900 202-347-1122 Instruc-Termin-ation City or town, state or country, and ZIP + 4 F Accounting method: Cash X Accrual X Amended WASHINGTON, DC 20005-3806 Other (specify) Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No G Website: ►WWW.POGO.ORG H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or H(c) Are all affiliates included? N/AK Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross (If "No," attach a list.) H(d) is this a separate return filed by an orreceipts are normally not more than \$25,000. A return is not required, but if the organization ganization covered by a group ruling? Yes X Nn chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ N/A Check ► if the organization is **not** required to attach Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,820,506. Sch. B (Form 990, 990-EZ, or 990-PF). Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a b Direct public support (not included on line 1a) 1,726,521. 1b c Indirect public support (not included on line 1a) 1c d Government contributions (grants) (not included on line 1a) 1d e Total (add lines 1a through 1d) (cash \$ 1,726,521. noncash \$1,726,521. 1e Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 Membership dues and assessments 3 3 Interest on savings and temporary cash investments 4 4 Dividends and interest from securities ______ 5 31,773. Gross rents 6a Less: rental expenses 6b Net rental income or (loss). Subtract line 6b from line 6a Revenue Other investment income (describe 8 a Gross amount from sales of assets other (A) Securities (B) Other than inventory 56,096. 8a b Less: cost or other basis and sales expenses 56,819. 8h c Gain or (loss) (attach schedule) -723.8c d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 -723.8d Special events and activities (attach schedule). If any amount is from gaming, check here of contributions reported on line 1b) ... Net income or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c Other revenue (from Part VII, line 103) 11 11 5,986. **Total revenue**. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,763,687. 12 Program services (from line 44, column (B)) 13 1,320,301. 13 Management and general (from line 44, column (C)) 14 14 77,893. 15 Fundraising (from line 44, column (D)) 123,406. 15 Payments to affiliates (attach schedule) 16 16 Total expenses. Add lines 16 and 44, column (A) 17 1,521,600. 17 Excess or (deficit) for the year. Subtract line 17 from line 12 18 242,087. 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 1,445,230. 19 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 -18,616.20 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 668,701 21 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Form 990 (2007)

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
22a	Grants paid from donor advised funds					
	(attach schedule)					
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)				
	(cash $$$ 0 • noncash $$$ 0 •	1				
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a	292,269.	240,230.	25,808.	26,231.
b	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
C	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	545,566.	482,194.	12,178.	51,194.
27	Pension plan contributions not included on					
	lines 25a, b, and c	27	18,864.	16,435.	711.	1,718.
28	Employee benefits not included on lines					
	25a - 27	28	46,572.	40,665.	2,061.	3,846.
29	Payroll taxes	29	65,768.	57 , 069.	2,809.	5,890.
	Professional fundraising fees	30				
31	Accounting fees	31	21,705.	18 , 697.	1,083.	1,925.
32	Legal fees	32	3,100.	2,000.	1,100.	
33	Supplies	33	8,880.	5,344.	2,275.	1,261.
34	Telephone	34	11,274.	8,921.	1,006.	1,347.
35	Postage and shipping	35	6,242.	4,245.	1,271.	726.
36	Occupancy	36	142,819.	138,032.	1,264.	3,523.
	Equipment rental and maintenance	37	2,292.	246.	2,025.	21.
38	Printing and publications	38	25,084.	20,047.	2 , 387.	2,650.
39	Travel	39	10,998.	8,209.	1,253.	1,536.
40	Conferences, conventions, and meetings	40	2,123.	1,520.	603.	
41		41				
42	Depreciation, depletion, etc. (attach schedule)	42	10,401.	5,984.	1,876.	2,541.
43	Other expenses not covered above (itemize):					
a		43a				
t		43b				
C		43c				
C		43d				
€		43e				
f		43f	005 640			
ũ	SEE STATEMENT 3	43g	307,643.	270,463.	18,183.	18,997.
44	Total functional expenses. Add lines 22a through					
	43g. (Organizations completing columns (B)-(D),		1 501 600	1 200 201	== 000	
	carry these totals to lines 13-15)	44	1,521,600.	1,320,301.	77,893.	123,406.
	int Costs. Check 🕨 🔲 if you are following				. ,	
	any joint costs from a combined educational campai		/ -			Yes X No
	'es," enter (i) the aggregate amount of these joint cos	ts \$	/-	(ii) the amount allocated to		N/A ;
(111)	the amount allocated to Management and general \$		N/A ; and ((iv) the amount allocated to	Fundraising \$	N/A
12-	011 27-07					Form 990 (2007)

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.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service
		Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	CONTRACT OVERSIGHT: THIS PROJECT INVESTIGATES, EXPOSES, AND	
	SEEKS TO REMEDY CASES IN WHICH CONTRACTORS EXERT	
	INAPPROPRIATE INFLUENCE OVER THE GOVERNMENT'S	
	DECISION-MAKING PROCESS.	
		201 245
h	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ CONGRESSIONAL OVERSIGHT: THIS PROJECT SEEKS TO INCREASE THE	301,345.
D	QUALITY OF CONGRESSIONAL OVERSIGHT OF THE FEDERAL GOVERNMENT	
	BY INSTRUCTING CAPITOL HILL STAFF ON HOW TO CONDUCT	
	OVERSIGHT INVESTIGATIONS AS WELL AS ASSIST ON SPECIFIC	
	PROJECTS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	189,318.
С	NUCLEAR WEAPONS FACILITIES SECURITY: THIS PROJECT WORKS TO	
	EXPOSE AND REMEDY MISMANAGEMENT AND SECURITY AND SAFETY	
	WEAKNESSES AT THE DEPARTMENT OF ENERGY'S NUCLEAR WEAPONS	
	FACILITIES.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	177,523.
d	DEFENSE AND NATIONAL SECURITY: THIS PROJECT INVESTIGATES,	111/323:
	EXPOSES, AND SEEKS TO REMEDY FINANCIAL MISMANAGEMENT WITHIN	
	THE DEFENSE DEPARTMENT; THE EXCESSIVE INFLUENCE WIELDED BY	
	THE DEFENSE INDUSTRY OVER GOVERNMENT DECISION-MAKING; AND	
	THE IMPACT OF THIS INFLUENCE ON THE DEFENSE BUDGET AND THE	
	TROOPS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	144,744.
е	Other program services (attach schedule) SEE STATEMENT 5	F07 271
f	(Grants and allocations \$) If this amount includes foreign grants, check here	507,371.
ㅗ	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,320,301.

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions.)					
Note	shou	ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin th	e description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			204,818.	45	350,172.
	46	Savings and temporary cash investments			211,594.	46	
	47.5	A	1	2 457			
		Accounts receivable		3,457.			2 457
	b	Less: allowance for doubtful accounts	47b			47c	3,457.
	48 a	Pledges receivable	48a				
	b					48c	
	49	Grants receivable			430,845.	49	706,038.
	50 a	Receivables from current and former officers, d	irector	s, trustees, and			, , , , , , , , , , , , , , , , , , , ,
		key employees				50a	
	b	Receivables from other disqualified persons (as					
ets	İ	4958(f)(1)) and persons described in section 49)(B)		50b	
Assets		Other notes and loans receivable					
4	1	Less: allowance for doubtful accounts		J		51 c	
	52	Inventories for sale or use			44.054	52	
	53	Prepaid expenses and deferred charges			44,274.		40,780.
		O. T. S.			E20 220	54a	670 775
		Investments - other securities	Ļ <i>!</i>	Cost X FMV	528,328.	54b	679,775.
	00 a	equipment: basis	55a				
		equipment. basis	Jua				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a		57a	1			
		Less: accumulated depreciation STMT 6	57b	83,427.	26,425.	57c	23,290.
	58 Other assets, including program-related investments						
		(describe ► DEPOSITS)	12,418.	58	12,418.
	59	Total assets (must equal line 74). Add lines 45			1,458,702.	59	12,418. 1,815,930.
	60	Accounts payable and accrued expenses			13,472.	60	137,225.
	61	Grants payable				61	
Se	62 63	Deferred revenue				62	
Ě		Loans from officers, directors, trustees, and key a Tax-exempt bond liabilities				63	
Liabilities	1	Mortgages and other notes payable				64a 64b	
	65	Other liabilities (describe ► DEFERRED RE		1	0.	65	10,004.
						- 00	10/001.
	66	Total liabilities. Add lines 60 through 65			13,472.	66	147,229.
	Orga	anizations that follow SFAS 117, check here 🕨					
S		67 through 69 and lines 73 and 74.					
nce	67	Unrestricted			840,365.	67	463,480.
alaı	68	Temporarily restricted			604,865.	68	1,205,221.
В	69					69	
Fun	Orga	anizations that do not follow SFAS 117, check	here 🎚	▶			
ō	70	complete lines 70 through 74.					
Net Assets or Fund Balances	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and		The state of the s		70	
Ass	72	Retained earnings, endowment, accumulated in				71	
det.	73	Total net assets or fund balances. Add lines 67 through				72	
_		(Column (A) must equal line 19 and column (B) must			1,445,230.	73	1,668.701
	74	Total liabilities and net assets/fund balances	Add lir	nes 66 and 73	1,458,702.	74	1,668,701. 1,815,930.

	int IV-A Reconciliation of Revenue per Audited Final instructions.)	ncial Statements Wi	th Revenue p	er Return	(See the
a	Total revenue, gains, and other support per audited financial stateme	nts		a	1,745,071.
b	Amounts included on line a but not on Part I, line 12:	***************************************			
1	Net unrealized gains on investments	h	-18,6	16.	
2	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (specify):	1			
•	Add lines b1 through b4			b	-18,616.
C	Subtract line b from line a			u	1,763,687.
ď	Amounts included on Part I, line 12, but not on line a:	***************************************			1,703,007.
	Investment expenses not included on Part I, line 6b	,	4 l		
			2		
_	Other (specify):Add lines d1 and d2		.: I	d	0.
۵	Total revenue (Part L line 19) Add lines a and d			u	
Pa	Total revenue (Part I, line 12). Add lines c and d irt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses	ner Retur	<u>n</u>
a	Total expenses and losses per audited financial statements				1,401,600.
b	Amounts included on line a but not on Part I, line 17:			a	1,401,000.
1	Donated services and use of facilities	h	.		
2	Prior year adjustments reported on Part I, line 20				
3					
4		1.77			0.
C	Add lines b1 through b4				1,401,600.
d	Subtract line b from line a Amounts included on Part I, line 17, but not on line a :	•••••		С	1,401,000.
ս 1		. ا	.		
-	Other (CEE COATEMENT Q			00	
2					120 000
	Add lines d1 and d2		***************************************	d	120,000. 1,521,600.
Ď	Total expenses (Part I, line 17). Add lines c and d	v Employees /l ist each	h person who was	e e	director trustee
88.886	or key employee at any time during the year even if they we	re 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) Contribution employee bend plans & deferr compensation p	(E) Expense efit account and other allowances
ŜĒ	E STATEMENT 9		243,300.	48,969	9. 0.
		-			
					*
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

13310923 745960 25420

Fa	Other Information (See the Instructions.)		Yes	No			
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed						
	statement of each change	76		Х			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	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?	78a		Х			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X			
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?	80a		Х			
b	If "Yes," enter the name of the organization▶ N/A						
	and check whether it is exempt or nonexempt						
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)						
<u>b</u>	Did the organization file Form 1120-POL for this year?	81b		Х			

Form **990** (2007)

Pa	rt VI Other Information (continued)		32-173	7440		age No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities a	at no charge	or at substantially		103	140
	less than 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 as an expense in Part II.					
	(See instructions in Part III.)	82b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	n application	าธ?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribu	ıtions?		83b	Х	
84 a	o give that word not according;		N/A	84a		
D	If "Yes," did the organization include with every solicitation an express statement that such co	ntributions	or gifts were not			
0= -	tax deductible?		N/A	84b		<u> </u>
00 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	85a		
IJ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	e organizati	on received a			
	waiver for proxy tax owed for the prior year.		1			
ان	Dues, assessments, and similar amounts from members	85c	N/A	_		
u	Section 162(e) lobbying and political expenditures	85d	N/A	_		
f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	_		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	_		
g h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	• • • • • • • • • • • • • • • • • • • •	N/A	85g		
11	1-17/7/ V - 1-15 House Ward Conf., does the organization agree to add the amount	t on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditur following tax year?		37/3			
86	following tax year? 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	••••••	N/A	85h		
00		امما	7 T / 7			
b	line 12 Gross receipts, included on line 12, for public use of club facilities	86a	N/A	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	86b	N/A	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	87a	N/A	-		
-	against amounts due or received from them.)	076	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable cor	87b	N/A	-		
	or an entity disregarded as separate from the organization under Regulations sections 301.770	poration or	partnersnip,			
	If "Yes," complete Part IX	11.2 and 30	1.7701-37	000		v
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity was	within the m	ooning of	88a		X
	section 512(b)(13)? If "Yes," complete Part XI	within the III	eaning of	88b		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under	r:		000		<u> </u>
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955	·· 5 ▶	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess by	enefit				
	transaction during the year or did it become aware of an excess benefit transaction from a prior	r vear?				
	If "Yes," attach a statement explaining each transaction	•		89b	.0000000000	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	vear under				
	sections 4912, 4955, and 4958	>	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited ta	x shelter tra	ansaction?	89e		Χ
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insur	ance contra	act?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did	the suppo	rting organization.			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time	during the y	ear? N/A	89g		
90 a	List the states with which a copy of this return is filed ► SEE STATEMENT 11					
b	Number of employees employed in the pay period that includes March 12, 2007		90b			17
91 a	The books are in care of ► THE ORGANIZATION	Telephone	no. ► 202-34	7 - 11	22	
_	Located at ▶ 1100 G STREET, NW, SUITE 900, WASHINGTON		ZIP + 4 ▶ 2	0005	j-38	306
b	At any time during the calendar year, did the organization have an interest in or a signature or o	ther authori	ty over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial acco	unt)?	91b		Х
	If "Yes," enter the name of the foreign country N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign Bank				
	and Financial Accounts.					

	CT ON G	OVERNI	MENT OVE	RSIG	HT,	INC.	52-	<u>-1739443</u>	1 8	Page 8
Part VI Other Information (co.									Yes	s No
c At any time during the calendar yea		ization mai		outside o	of the U	Inited States?		916		X
If "Yes," enter the name of the foreign		-	N/A							
92 Section 4947(a)(1) nonexempt chari	table trusts filin	g Form 990	0 in lieu of For r	n 1041- C	Check h	nere			🕨 🛚	
and enter the amount of tax-exempt Part VII Analysis of Income-F	Interest receiv	ed or accru	ued during the	tax year	<u></u>	<u></u>	92	N/	<u>'A</u>	
			(See the Instru ated business inc		T					
Note: Enter gross amounts unless otherwindicated.	/Ise	(A)	(B)	UIIIE	(C)	ided by section 512, 5	513, or 514	- (E)	
		Business	Amou	nt	Exclu- sion	(D) Amour	nt	Related o		
93 Program service revenue: a PUBLICATION	-	code			code			function		
I.			-		ļ					130.
D			-		-					
d										
0 8					-					
f Medicare/Medicaid payments					-					
g Fees and contracts from government										
94 Membership dues and assessments					-					
95 Interest on savings and temporary cash in										
96 Dividends and interest from securities					14	31	,773.			
97 Net rental income or (loss) from real e						31	7,,3	1		
a debt-financed property				***************************************			***************************************		200000000000000000000000000000000000000	000000000000000000000000000000000000000
b not debt-financed property										
98 Net rental income or (loss) from person										
99 Other investment income										
100 Gain or (loss) from sales of assets										
other than inventory					18		-723.	1		
101 Net income or (loss) from special ever										
102 Gross profit or (loss) from sales of inv	entory									
103 Other revenue:										
a MISCELLANEOUS									5,9	86.
b										
C										
d										
6	2)				88888888888	21	0.50	<u> </u>		
104 Subtotal (add columns (B), (D), and (E				0.		31	,050.		$\frac{6,1}{7}$	
105 Total (add line 104, columns (B), (D), Note: Line 105 plus line 1e, Part I, should a	and (E)) equal the amou	nt on line 1			• • • • • • • • • • • • • • • • • • • •			3	7,1	66.
Part VIII Relationship of Activi	ties to the	Accompl	ichment of	Evomo	+ Dus	100000 (0 #/				
Line No. Explain how each activity for which										
exempt purposes (other than by p	roviding funds fo	r such purpo	nr(E) of Fait virt oses).	onthouted	mport	anny to the accom	ipiisnment	of the organization	วก′ร	
93A PUBLICATION INCO				ART	OF:	ANONYMOU	S WHT	STI.FRI.O	TAT TAT	C
103A MISCELLANEOUS RE				EARN		FROM ACT				
TO THE ORGANIZAT			PURPOSE					LO KLILII	111	
Part IX Information Regardin	g Taxable S	ubsidiar	ies and Dis	regarde	ed En	ntities (See the	instructio	 ns.)		
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activ			(D)		(E)		
	wnership interest		Nature of activ	ities		Total incor	ne	End-of- asse	year fs	
	%	5								
N/A	%									
	%									
Bad V Information Don't	% T6									
Part X Information Regarding	giransters	Associa	ted with Pe	rsonal	Bene	tit Contract	S (See the	instructions.)		
(a) Did the organization, during the year, rece	ive any funds, di	rectly or indi	rectly, to pay pre	miums on	a perso	nal benefit contrac	t?	Yes	X	
(b) Did the organization, during the year, pay				benefit co	ntract?			Yes	X	No
Note: If "Yes" to (b), file Form 8870 and I	orm 4/20 (see	Instruction	ns).		vininos — vidis is					
								Form !	990 (2007)

723163 12-27-07

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 Signature of officer Executive Director Here Type or print name and title Date Check if Preparer's SSN or PTIN (See Gen. Inst. X) Preparer's Paid selfsignature 9 09 employed Preparer's Firm's name (or GELMAN, ROSENBERG FREEDMAN 8 EIN 🏲 yours if Use Only self-employed), 4550 MONTGOMERY AVE., SUITE 650 NORTH address, and MARYLAND 20814-2930 Phone no. ▶ (301) ZIP + 4Form 990 (2007)

723164/12-27-07

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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

2007

Name of the organization			Employer identifi	cation number
PROJECT ON GOVERNMENT O	VERSIGHT, IN	C.	52 17394	43
Part I Compensation of the Five Highest Paid E (See page 1 of the instructions. List each one. If there are non		han Officers, Dire		ustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average per week devoted position	to (c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
BETH DALEY		MMUNICATIO		
ALL CAN BE REACHED C/O ORGANIZATION	40.00	80,000	. 14,285.	
PAMELA RUTTER	WEB_MANAGE		2 050	
PETER STOCKTON	40.00 SR. INVEST	50,000	3,059.	
FEIER STOCKTON	40.00	65,000	. 3,250.	
		037000	3,230.	
Total number of other construction and				
Total number of other employees paid over \$50,000	▶ 0			
Part II-A Compensation of the Five Highest Paid Ir		actors for Profess	ional Service	e
(See page 2 of the instructions. List each one (whether individ			ional del vice	.5
(a) Name and address of each independent contractor paid mor	re 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 Ir (List each contractor who performed services other than profe firms. If there are none, enter "None." See page 2 of the instruc-	essional services, whether in		ervices	
(a) Name and address of each independent contractor paid mor	e than \$50,000	(b) Type of	service (c) Compensation
NONE		_		
		_		
		_		
		_		
		_		
Total number of other contractors receiving over \$50,000 for other services	0			

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 ▶ \$ 2.0 3.26 . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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 occidency, 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, and 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? a SEE STATEMENT 12 b Lending of money or other extension of credit? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 e Transfer of any part of its income or assets? a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees? b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? d Did the organization make any taxable distributions under se	F	Part III Statements About Activities (See page 2 of the instructions.)	T1441	Yes	No
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 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 substantial contributors, trustees, directors, officiers, creators, key employees, or members of their families, or with any substantial contributors, trusteed, a detailed statement explaining the transactions.) 3 Sale, exchange, or leasing of property? 5 Lending of money or other extension of credit? 5 Furnishing of goods, services, or facilities? 6 Furnishing of goods, services, or facilities? 6 Furnishing of goods, services, or facilities? 7 Farsfer of any part of its income or assets? 8 Farsfer of any part of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990. 9 Farnsfer of any part of its income or assets? 9 Led the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees? 9 Lot the organization have a section 403(b) annuity plan for its employees? 10 Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 10 Did the organization make any taxable distributions under section 4966? 11 Did the organization make any taxable distributions under section 4966? 12 Did the organization make any taxable distributions owned at the end of the tax year 13 Did the organization make any taxable distributions owned at the end of the tax year 14 Did the organization make any taxable distribution to	1	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	1	х	
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, circetor, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a cletalled statement explaining the transactions.) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V—A, FORM 99.0 e Transfer of any part of its income or assets? a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees? b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization make any taxable distributions under section 4966? d Did the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organization make any taxable distributions under section 4966? n) A Unique to the organi		Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
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 officier, 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? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? 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? 3 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4 Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? c Did the organization make any taxable distribution to a donor, donor advised funds owned at the end of the tax year b Did the organization make any taxable distribution to a donor, donor advised funds owned at the end of the tax year c Enter the total number of separate funds owned at the end of the tax year b Enter the total number of separate funds or accounts owned at the end of the tax year c Enter the total number of separate funds or accounts owned at the end of the tax year c Enter the total number of separate funds or accounts owned at the end of the tax year c Enter the total number of separate funds or accoun		checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V—A, FORM 990 e Transfer of any part of its income or assets? 2 e X 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? c Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution or advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts c Did the organization funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		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.)			
c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V—A, FORM_990 e Transfer of any part of its income or assets? 2e			2a	Х	
the organization make grants for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement and 4g a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advised funds owned at the end of the tax year ferther the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds or accounts owned at the end of the year (excluding donor advised funds or accounts) 2			2b		
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and 4g b Did the organization make any taxable distributions under section 4966? c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts O .			3d		Х
b Did the organization make any taxable distributions under section 4966? N/A 4b c Did the organization make a distribution to a donor, donor advisor, or related person? N/A 4c d Enter the total number of donor advised funds owned at the end of the tax year N/A e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year N/A f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts O .	4		4a		Х
d Enter the total number of donor advised funds owned at the end of the tax year N/A e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year N/A f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 0.			4b		
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line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 0 .				N/.	A
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year 0 .					0.
		g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	rough 8 of the instructio	ns.)				
l certif	y that th	e organization is not a private foundation because it is: (Please check only ONE a	pplicable box.)					
5		A church, convention of churches, or association of ch	· · · · · · · · · · · · · · · · · · ·						
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	一	A federal, state, or local government or governmental u		•					
9	\Box	A medical research organization operated in conjunction	, ,, ,,	· · ·	he hoenital's	enama city			
J		and state	m wan a moopital. Goodfor	. 170(b)(1)(M)(iii). EiitGi t	no nospitari	a nume, eny,			
10		An organization operated for the benefit of a college or	university owned or one	rated by a governmental i	unit Section	170/b\/1\/A\/	(iv)		
		(Also complete the Support Schedule in Part IV-A.)	amversity owned or ope	acca by a governmentar t	iiiit. Oection	170(0)(1)(A)(iv).		
11a	X	An organization that normally receives a substantial pa	art of its support from a c	overnmental unit er from	the general	nublio			
Ha	43		· · · · · · · · · · · · · · · · · · ·	overminental unit of from	the general	բ ստոշ.			
116		Section 170(b)(1)(A)(vi). (Also complete the Support	*	dula ia Daubik (A)					
11b 12	\exists	A community trust. Section 170(b)(1)(A)(vi). (Also cor	•	,					
12	ш	An organization that normally receives: (1) more than a receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate							
		by the organization after June 30, 1975. See section 5							
13		An organization that is not controlled by any disqualifie	d narnana (ather than fo	undation managers) and					
13		509(a)(3). Check the box that describes the type of sup		anuation managers) and	Julei Wise III	ets the requi	rements of section		
			· · · —	nctionally Integrated		П -	011		
		Type I Type II	Type III-ru	nctionally integrated		Type III	-Other		
		Provide the following information al	bout the supported organ	nizations. (See page 8 of	the instruction	ons.)			
		(a)	(b)	(c)	(d)	(e)		
		Name(s) of supported organization(s)	Employer	Type of organization		ipported	Amount of		
		· · · · · · · · · · · · · · · · · · ·	identification	(described in lines	organizati	on listed in	support		
			number (EIN)	5 through 12 above or IRC section)	the sup	porting zation's			
				or inc section)		documents?			
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					Yes	No			
Total									
Total		An organization organized and operated to test for pub		(4) (0, 2) (1)					

Pa	rt IV-A Support Schedule (Control Note: You may use the	omplete only if you che worksheet in the inst.	ecked a box on line 10 ructions for converting), 11, or 12.) Use cash of from the accrual to th	method of account	ing. counting.
Cale: begir	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,055,533.	878,948.	802,495.	721,547	3,458,523.
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	54.	0.	925.	2,421	3,400.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after					
19	June 30, 1975 Net income from unrelated business	29,465.	45,411.	17,475.	13,157	105,508.
13	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	2,150.	4,538.	SEE STATEME	NT 13	6,688.
23	Total of lines 15 through 22	1,087,202.	928,897.	820,895.	737,125.	3,574,119.
24	Line 23 minus line 17	1,087,148.	928,897.	819,970.	734,704.	3,570,719.
25	Enter 1% of line 23	10,872.	9,289.	8,209.	7,371.	
26	Organizations described on lines 1	3 or 11: a Enter 2% of	amount in column (e), lin	e 24	▶ 26a	71,414.
þ	,			,	(2000000000	
	unit or publicly supported organization		-			600 600
	Do not file this list with your return.					623,688.
	Total support for section 509(a)(1) to	-			▶ 26c	3,570,719.
u	Add: Amounts from column (e) for li	22		623,68	8	735,884.
e	Public support (line 26c minus line 2	·				2,834,835.
f	Public support percentage (line 26					79.3912%
27	Organizations described on line 12					
	records to show the name of, and to					
		N/A	, ,	,	,	
	(2006)	(2005)	(2	004)	(2003)	
b	For any amount included in line 17 t	nat was received from eac	ch person (other than "dis	qualified persons"), prepa	are a list for your records	to show the name of,
	and amount received for each year, t					
	described in lines 5 through 11b, as					e amount received and
	the larger amount described in (1) o					
_	(2006)	(2005)	(2	004)	(2003)	
C	Add: Amounts from column (e) for li	nes: 15		16	27€	N/A
d	Add: Amounts from column (e) for li 17 Add: Line 27a total	2U	id line 27h total	. 21	≥ 27t	· · · · · · · · · · · · · · · · · · ·
u e		line 27d total)			27u	N/A
f						21/22
g		e (numerator) divided by	line 27f (denominator))		▶ 27g	N/A %
h						N/A %
	Unusual Grants: For an organization d show, for each year, the name of the c return. Do not include these grants in	ontributor, the date and ar	mount of the grant, and a	sual grants during 2003 t brief description of the n	through 2006, prepare a ature of the grant. Do no	list for your records to t file this list with your
7001	romani, no not moidae these grants in :	N	ONE		<u> </u>	

NONE

723131 12-27-07

Part V Private School Questionnaire (See page 9 of the instructions.)

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

M/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	· · · · · · · · · · · · · · · · · · ·	Yes	No
00	instrument, or in a resolution of its governing body?	. 29	100000000000	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
04	and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
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?	. 31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
		-		
20	Death-read the Control of the Contro	-		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	. 32c		
d	The state of the s	. 32d		
	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?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	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.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		***************************************
05	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instr	ructions.

*****	(To be completed ONLY by an eligible organization that filed Form 5768)		and mode additionary	
Che	eck 🕨 a 🔲 if the organization belongs to an affiliated group. Check 🕨 b 🔲 if	you cho	ecked "a" and "limited control"	provisions apply.
	Limits on Lobbying Expenditures		(a) Affiliated group	(b) To be completed for all
	(The term "expenditures" means amounts paid or incurred.)		totals	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		20,326
38	Total lobbying expenditures (add lines 36 and 37)	38		20,326
39	Other exempt purpose expenditures	39		1,501,274
	Total exempt purpose expenditures (add lines 38 and 39)	40		1,521,600
		10000000000	000000000000000000000000000000000000000	

41	Lobbying nontaxable amount. Enter the amo	ount 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	226,080.
	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	of line 41)	42	56,520.
43	Subtract line 42 from line 36. Enter -0- if line	e 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line	e 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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total		
45 Lobbying nontaxable amount	226,080.	188,655.	180,939.	155,340.	751,014.		
46 Lobbying ceiling amount (150% of line 45(e))					1,126,521.		
47 Total lobbying expenditures	20,326.	19,662.	5,094.	8,615.	53,697		
48 Grassroots nontaxable amount	56,520.	47,164.	45,235.	38,835.	187,754		
49 Grassroots ceiling amount (150% of line 48(e))					281,631.		
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 14 of the instructions.) N/A

Du	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Van	N.	
infl	uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
	Media advertisements			
d	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	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 c through h .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Pa	Information Regarding Transfers To and Exempt Organizations (See page 14 of the instr		d Relationships With Noncharita	able		
51	Did the reporting organization directly or indirectly engage in any of		r organization described in section			
U i	501(c) of the Code (other than section 501(c)(3) organizations) or in	-	-			
а	Transfers from the reporting organization to a noncharitable exempt	- · · · · · · · · · · · · · · · · · · ·	milear organizations:	٦	Yes	No
-	(i) Cash	-		51a(i)		X
	(ii) Other assets			a(ii)		X
b	Other transactions:			4(,		
D	(i) Sales or exchanges of assets with a noncharitable exempt organ	nization		b(i)		Х
	(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities, equipment, or other assets			b(iii)		X
	(iv) Reimbursement arrangements			b(iv)		X
	(v) Loans or loan guarantees			b(v)		X
	(vi) Performance of services or membership or fundraising solicitat					X
	Sharing of facilities, equipment, mailing lists, other assets, or paid e					X
C d	if the answer to any of the above is "Yes," complete the following sch			<u> </u>		
u	goods, other assets, or services given by the reporting organization.					
	transaction or sharing arrangement, show in column (d) the value of		·	TN.	/A	
		the goods, other assets, o			/ A	
(a Line		emot organization	(d) Description of transfers, transactions, and sh	naring arra	naeme	ents
				•		

52 a	Is the organization directly or indirectly affiliated with, or related to, or	one or more tax-exempt org	panizations described in section 501(c) of the			
	Code (other than section 501(c)(3)) or in section 527?			Yes	X	No
b	If "Yes," complete the following schedule: N/A					
	(a)	(b)	(c)			
	Name of organization	Type of organization	Description of relationship	р		
		<u> </u>				
72315 12-27	32		5.2	000 - 00	0 ==1	000-
12-27	-07		Schedule A (Form	990 or 99	u-EZ)	2007

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

2007

Employer identification number

P	ROJECT 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		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation	
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule . (Note : Or and a Special Rule-see instructions.)	oly a section 501(c)(7), (8), or	(10) organization can check boxes
General Rule-			
	filing Form 990, 990-EZ, or 990-PF that received, during the yaplete Parts I and II.)	vear, \$5,000 or more (in mor	ney or property) from any one
Special Rules-			
sections 509(a)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met t)/170(b)(1)(A)(vi), and received from any one contributor, durir line 1 of these forms. (Complete Parts I and II.)		
aggregate contril	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ outions or bequests of more than \$1,000 for use exclusively for prevention of cruelty to children or animals. (Complete Parts I	or religious, charitable, scie	
some contributio \$1,000. (If this bo charitable, etc., p	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ ns for use <i>exclusively</i> for religious, charitable, etc., purposes, ox is checked, enter here the total contributions that were recongress. Do not complete any of the Parts unless the General sligious, charitable, etc., contributions of \$5,000 or more during	but these contributions did sived during the year for an Rule applies to this organi:	not aggregate to more than exclusively religious, zation because it received
they must check the box requirements of Schedule	at are not covered by the General Rule and/or the Special Rul in the heading of their Form 990, Form 990-EZ, or on line 2 of B (Form 990, 990-EZ, or 990-PF).		
LHA For Paperwork Red	luction Act Notice, see the Instructions	Schedule E	(Form 990, 990-EZ, or 990-PF) (2007)

723451 12-27-07

13310023 745060 25420

for Form 990, Form 990-EZ, and Form 990-PF.

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		\$	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
2		\$\$	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
3		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$460,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$2,250.	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
6		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	ο.	2	
Page	Z of	_ Z.	of Part

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$\$ 75,000.	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
9		\$\$\$	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	(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.)

SIL 5.00 16 101,162. 332. 332. 332. 5.356. SIL 5.00 16 332. 332. 5.223. 174. 1,045. SIL 5.00 16 5,223. 5,223. 5,223. 5,226. 0. 10,401.	Description Description
5.00 16 5,223 174 106,717 0 106,717 73,026	VARIESSI VARIESSI
	VARIESSI
	192

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (I	LOSS) FR	OM PUB	LICLY T	RADED SE	CURIT	IES	STATEMENT	1
DESCRIPTION			OSS PRICE	COST OTHER E		EXPENSE OF SALE		
		5	6,096.	56,	819.	0		723.
TO FORM 990, PART I, L	INE 8	5	6,096.	56,	819.	0	7	723.
FORM 990 OTHER (CHANGES	IN NET	ASSETS	OR FUND) BALA	NCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED LOSS ON INVE	ESTMENT					-	-18,6	16.
TOTAL TO FORM 990, PART	r I, LIN	E 20				-	-18,6	16.
FORM 990		ОТНІ	ER EXPE	NSES			STATEMENT	3
	(A	.)	(1	3)	((C)	(D)	
DESCRIPTION	TOT	AL		GRAM VICES	MANA	GÉMENT GENERAL	FUNDRAISI	NG
WEB/INTERNET		5,555.		53,788.		5,648.		19.
OUTREACH CONSULTING FEES RESEARCH MATERIALS		0,805. 9,197.		10,497. 43,726.		199. 1,916.		09.
AND DOCUMENTS INTERN STIPENDS		1,857. 8,400.		10,369. 8,400.		495.	9	93.
INSURANCE BANK AND PAYROLL		4,380.		3,718.		302.	3	60.
FEES TECHNOLOGY MEMBERSHIP AND		3,499. 9,287.		1,172. 7,986.		1,911. 427.		16. 74.
PROFESSIONAL GROWTH ADVERTISING/		6,316.		807.		5,459.		50.
RECRUITING FILING FEES CONTINGENT OIL		4,516. 3,831.				1,826.	2,6 3,8	
LITIGATION JUDGEMENT	12	0,000.	12	20,000.				
TOTAL TO FM 990, LN 43	30	7,643.	2	70,463.		18,183.	18,9	97.

FORM	990	STATEMENT	OF	ORGANIZATION' PART		EXEMPT	PURPOSE	STATEMENT	4

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	R PROGRAM SERVIC	ES	STATEM		5
DESCRIPTION OF OTHER PROGRAM SERVI		GRANTS AND ALLOCATIONS EXPI		ES	
GENERAL PROGRAMS		0. 129,672		72.	
WHISTLEBLOWER INVESTIGATIONS		0. 82,531		31.	
NUCLEAR POWER PLANT		0.	31,87	71.	
ENERGY AND NATIONAL RESOURCES		0. 82,724		24.	
INSPECTOR GENERAL	0.	57,10)5.		
LIVERMORE NUCLEAR POWER PLANT INVE		0.	103,14	10.	
DIRECT LOBBYING		0.	20,32	28.	
TOTAL TO FORM 990, PART III, LINE	Е			507,37	71.
FORM 990 DEPRECIATION OF ASSE	ETS NOT HELD FOR	INVESTMENT	STA'	TEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		Ξ
OFFICE FURNITURE AND EQUIPMENT SOFTWARE LEASEHOLD IMPROVEMENT	101,162. 332. 5,223.	81,876. 332. 1,219.	•		0.
TOTAL TO FORM 990, PART IV, LN 57	106,717.	83,427.		23,29	

FORM 990	OTHER SECURITIES			7
SECURITY DESCRIPTIO	N	COST/FMV	OTHER SECURITIES	
VANGUARD-LARGE-CAP VANGUARD-SMALL-CAP VANGUARD-GROUP GLOB FERRIS BAKER WATTS	FMV FMV FMV	243,76 170,01 265,93	.2.	
TO FORM 990, LINE 5	4B, COL B		679 , 77	5.
FORM 990	OTHER EXPENSES INCLUDED ON FOR	м 990	STATEMENT	8
DESCRIPTION			AMOUNT	
CONTINGENT LEGAL FE	ES SHOWN BELOW THE LINE ON THE	FINANCIAL		
	PENSES ON THE FORM 990.		120,00	0.
TOTAL TO FORM 990,	PART IV-B		120,00	0 -

FORM 990 PART V-A - LIST OF C TRUSTEES	CURRENT OFFICERS, AND KEY EMPLOYEES	STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DANIELLE BRIAN (NON VOTING) ALL C/O ORGANIZATION	PRESIDENT/EXEC.		18,420.	0.
KEITH RUTTER (NON VOTING)	SECRETARY/ DIR. 40.00		18,570.	0.
SCOTT AMEY (KEY EMPLOYEE)	GENERAL COUNSEL 40.00	75,900.	11,979.	0.
DAVID HUNTER	BOARD CHAIR 2.00	0.	0.	0.
LISA BAUMGARTNER BONDS	BOARD VICE-CHAIR 2.00	0.	0.	0.
DINA RASOR	TREASURER 2.00	0.	0.	0.
RYAN ALEXANDER	BOARD MEMBER 2.00	0.	0.	0.
HENRY BANTA	BOARD MEMBER 2.00	0.	0.	0.
DAVID BURNHAM	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL CAVALLO	BOARD MEMBER 2.00	0.	0.	0.
CHARLES HAMEL	BOARD MEMBER 2.00	0.	0.	0.

PROJECT ON GOVERNMENT OVERSIGHT,	INC.	52	52-1739443		
JANINE JACQUET	BOARD MEMBER 2.00	0.	0.	0.	
MORTON MINTZ	BOARD MEMBER 2.00	0.	0.	0.	
MARJORIE SIMS	BOARD MEMBER 2.00	0.	0.	0.	
ANNE ZILL	BOARD MEMBER 2.00	0.	0.	0.	
TOTALS INCLUDED ON FORM 990, PART	V–A	243,300.	48,969.	0.	

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 10 PART V-A, LINE 75B INDIVIDUAL'S NAME TITLE OR ROLE DANIELLE BRIAN PRESIDENT/EXEC. DIR. INDIVIDUAL'S NAME TITLE OR ROLE PETER STOCKTON SR. INVESTIGATOR EXPLANATION OF RELATIONSHIP HUSBAND AND WIFE. INDIVIDUAL'S NAME TITLE OR ROLE KEITH RUTTER DIRECTOR OF OPERATIONS INDIVIDUAL'S NAME TITLE OR ROLE PAMELA RUTTER WEB MANAGER EXPLANATION OF RELATIONSHIP HUSBAND AND WIFE.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90

STATEMENT

11

STATES

DC, AL, CA, CO, ID, MO, OH, PA, WI, WY, AK, AZ, AR, CT, FL, GA, IL, KS, KY, ME, MD, MA, MS, MN, MI, NH, NJ, NM, NY, NC, ND, OR, RI, SC, TN, UT, VA

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2A

STATEMENT

12

MR. DAVID BURNHAM IS A POGO BOARD MEMBER. POGO ENTERED INTO A SUBLEASE WITH MR. BURNHAM'S ORGANIZATION, TRAC, TO RENT OUT PART OF ITS OFFICE SPACE. THIS TRANSACTION WAS CONDUCTED AT A FAIR MARKET VALUE.

SCHEDULE A	OTHER INC		STATEMENT	13	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS	2,150.	4,538.	0	•	0.
TOTAL TO SCHEDULE A, LINE 22	2,150.	4,538.	0	•	0.