** PUBLIC DISCLOSURE COPY **

 $\mathsf{Form}\, 990$

Return of Organization Exempt From Income Tax

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

		the Treasury	 benefit trust or private foundation) The organization may have to use a copy of this return to satisfy 		aporting requirements	Open to Public				
		ue Service 2012 calend	lar year, or tax year beginning and end		eporting requirements.	Inspection				
	neck if		f organization	iiig	D Employer identific	ration number				
ap	plicable	:	:g		B Employer identifie					
	Addres change	s PROJ	ECT ON GOVERNMENT OVERSIGHT, INC.		-					
	Name change	D D	usiness As		52-1739443					
	Initial return		r and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number					
	Termin ated		G STREET, NW 50	0	202-3	347-1122				
	Amend	City, tov	vn, or post office, state, and ZIP code		G Gross receipts \$	1,210,334.				
	Applica tion pendin	WASH	INGTON, DC 20005-3806		H(a) Is this a group re					
	portain	F Name a	nd address of principal officer:DANIELLE BRIAN	for affiliates?	Yes X No					
			AS C ABOVE		H(b) Are all affiliates incl					
			X 501(c)(3)	527		list. (see instructions)				
			POGO • ORG X Corporation	I Voor	H(c) Group exemption					
	000000000	Summary		L Year C	n iormalion. 1991 M	State of legal domicile: DC				
			be the organization's mission or most significant activities: SEE PA	RT T	TT LINE 1.					
& Governance		oneny docone	of the organization of model organization activities.		<u> </u>					
rna	2	Check this bo	ox if the organization discontinued its operations or disposed	of more	than 25% of its net as:	sets.				
ove	8	Number of vo			3	12				
5	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)			12				
			of individuals employed in calendar year 2012 (Part V, line 2a)			29				
Activities			of volunteers (estimate if necessary)			14				
Act			d business revenue from Part VIII, column (C), line 12			0.				
	b l	Net unrelated	business taxable income from Form 990-T, line 34			0.				
			(7)	-	Prior Year	Current Year				
e l			and grants (Part VIII, line 1h)		1,892,294.	877,245.				
Kevenue		•	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		21,948.	<u>0.</u> 20,138.				
۳ ۲			e (Part VIII, column (A), lines 5, 4, and 7d)		-52,934.	931.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,861,308.	898,314.				
\forall			milar amounts paid (Part IX, column (A), lines 1-3)		50,000.	0.00,514.				
			to or for members (Part IX, column (A), line 4)		0.	0.				
တ္ဆ			r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,526,314.	1,669,888.				
Expenses			fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xbe			sing expenses (Part IX, column (D), line 25) 229,670							
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		609,561.	747,657.				
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,185,875.	2,417,545.				
S	19	Revenue less	expenses. Subtract line 18 from line 12		-324,567.	<u>-1,519,231.</u>				
Fund Balances					jinning of Current Year	End of Year				
Bale		,	Part X, line 16)		3,857,008.	2,898,771.				
nug			s (Part X, line 26) fund balances. Subtract line 21 from line 20		270,425. 3,586,583.	688,984.				
	rt II	Signatur			3,300,303.	2,209,787.				
	<u> </u>		I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and helief it is				
			e. Declaration of preparer (other than officer) is based on all information of which			Kilowioago alla bollot, it lo				
			Coull Ray	,	14/22/13	•				
ign	1	Signatur	e of officer		Date					
lere	•		ELLE BRIAN, PRESIDENT							
		Type or	print name and title							
		Print/Type pre	eparer's name Preparer's fignature	$\mathbf{\Lambda} \mid D$	ate Check Check	PIN				
aid		UPIVA	D. F. GRALING CLA Davd F. Sing Cli	7	Y-22-13 if self-employed					
	arer	Firm's name	GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008				
se (Only	Firm's addres	s 4550 MONTGOMERY AVE SUITE 650N			001 \ 054 0000				
	41- 15	20 -1:	BETHESDA, MD 20814-2930		Phone no. (3	301) 951-9090				
ıay	tne II	15 aiscuss th	is return with the preparer shown above? (see instructions)			X Yes No				

Form 990 (2012)

Part	IV Checklist of Required Schedules	т	Т	
			Yes	No_
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes." complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			. 37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D. Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	ľ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	A
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes." complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		(2012)
		rorr	ロングし	(2012)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	to the state of th	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	(2012

tale Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable 1st 7 15 15 15 15 15 15 15	∙ar	Check if Schedule O contains a response to any question in this Part V					
The Enter the number reported in Box 3 of Form 1096, Enter Or 8 not applicable 16 10 10 10 10 10 10 10		Check it Schedule O Contains a response to any question in this rare v				Voc	No
b Enter the number of Forms W2G included in line 1s. Enter 0-16 not applicable 15 0 0 0 0 0 0 0 0 0		E. J.	12	7		163	110
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2 Enter the munitary of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Ó			
gambing) winnings to prize winners? It leads from the calendar year ending with or within the year covered by this return. It leads for the calendar year ending with or within the year covered by this return. It leads for the calendar year ending with or within the year covered by this return. It leads for the calendar year ending with or within the year covered by this return. It was not fines 1 and 2a is greater than 250, you may be required to endle (see instructions) It is was not fines 1 and 2a is greater than 250, you may be required to endle (see instructions) If Yes, has titled a form 950 off for this year? If "wo, "provide an explanation is Recorded O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a If Yes, a finish the analysis of 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)? 4a If Yes, a finish the major to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, a finish the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization apulty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization apulty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of From 888467. 5c If Yes, time the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 5c If Yes, time deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of Forms 82828 filed during the year 7d If the organization may will	р	Did the example the comply with backup withholding rules for reportable payments to vendors and re					
The tribution of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year anding with or within the year covered by this return. 1 If all seats on is reported on line 2s, did the organization file all required federal employment tax returns? 1 If the seat on is reported on line 2s, did the organization file all required federal employment tax returns? 1 If the seat on is reported on line 2s, did the organization file all required federal employment tax returns? 2 If Yes, 'has it filled a Form 990 Tor this year' if Yes, 'provide an explanation in Schedule O 3 If Yes, 'has it filled a Form 990 Tor this year' if Yes, 'provide an explanation in Schedule O 3 If Yes, 'has it filled a Form 990 Tor this year' if Yes, 'provide an explanation in Schedule O 3 If Yes, 'has it filled a Form 990 Tor this year' if Yes, 'provide an explanation in Schedule O 3 If Yes, 'enter the name of the foreign country. Schedule as a bank account, securities account, or other filnancial accountly? 4 If Yes, 'enter the name of the foreign country. Schedule as a bank account, securities account, or other filnancial Accounts. 5 Was the organization a party to a prohibition tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibition at was or is a party to a prohibited at whelter transaction? 5 De If Yes, 'to line Sa or Sb, did the organization file Form 8868617 6 Deat the organization has a party to a prohibition structure and the organization solicit were not tax deductible? 6 Deat the organization necked as apprent in excess of SFs made party as a contribution or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'indication the number of Forms 82828 filed during the year 9 Did the organization receive a payment in excess of SFs mide party as a contribution of care, Section 50 (10) (10) (10) (10) (10) (10) (10) (10	С			99	1c	х	
Field for the calendary over ending with or within the year covered by this noturn 2a 2y x	0-	Enter the number of ampleyoes reported on Form W-3. Transmittal of Wage and Tax Statements.					
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to -//like (see instructions) 3 bid the organization have unretated business gross ancome of \$1,000 or more during the year? 3 if Yes, has it filed a form 990T for this year? if "No," provide an explanation in Schedule O 3 if Yes, has it filed a form 990T for this year? if "No," provide an explanation in Schedule O 3 if Yes, has it filed a foreign country (such as a bank account, a country or other districtions of filing requirements for form 7 in F9022.1, Report of Foreign Bank and Financial accounts. 5 if Yes, "enter the name of the foreign country." 5 if Yes, "enter the name of the foreign country." 5 if Yes, "to line 5 a of 5b, did the organization file form 888677 6 if Yes, "to line 5 a of 5b, did the organization file form 888677 6 if Yes, "do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scilent any contributions that were not tax deductible as charitable contributions? 6 if Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible." 6 if Yes, "did the organization netwer solicitation an express statement that such contributions or gifts were not tax deductible." 6 if Yes, "did the organization netwer aphyment in access of \$75 made party to group and party for goods and services provided to the peyor?" 7 if If Yes, "did the organization netwer solicitation an express statement that such contributions or gifts were not tax deductible." 8 if Yes, "did the organization receive aphyment in access of \$75 made party to group and party for goods and services provided to the peyor?" 9 if If Yes, "did the organization netwer aphyment in access of \$75 made party to group and party for goods and services provided to the peyor?" 9 if Yes, "did the organization netwer aphym	2a		2a	29			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross is more of shippon or more during the year? 41. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurred the foreign country (such as a bank account, securities account, or other financial accountry). 42. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry of the financial accountry. 43. X 44. If "Yes," enter the name of the foreign country; Important the foreign country (such as a bank account, securities account, or other financial accountry. 44. X 45. If "Yes," in lone 5a or 5b, did the organization for Foreign Bank and Financial Accounts. 55. Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 56. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have were not tax deductible as charitable contributions? 57. Gid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 58. Organizations that may receive deductible contributions under section 170(c). 59. Did the organization receive application and services provided? 50. The organization self, exchange, or otherwise dispose of tanglible personal property for which it was required to file form 8262? 59. The first organization self, exchange, or otherwise dispose of tanglible personal property for which it was required to file form 8262? 50. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 50. The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file after 1089-C. P. A. V. A. D. S. Did the orga	h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," sha it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority ovor, a financial account in a foreign country (such as a bank account, securities account, or other financial account). See instructions for filling requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts. So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X Y 6b If "Yes," did the organization norify the donor of the value of the goods or services provided? 7c Did the organization shart may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282? Filed during the year 8d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of qualified intelligence of indication the organization file a Form 1098-C? 8d Sponsoring organizations maintaining donor advised funds and section 590(a)(3) supporting organizations. Did the supporting N/A reganizatio	D	Nets If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	supporting N/A			
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b Did the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.			1,40		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Did the organization make any taxable distributions under section 4966?			9a		-
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11a 11b 11b 11a 11b 11b 11a 11b 11b	b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10	Section 501(c)(7) organizations. Enter:	1	1			
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c Inter the amount of reserves on these payments? If "No," provide an explanation in Schedule O. 15c Inter the amount of reserves on these payments? If "No," provide an explanation in Schedule O. 16c Inter the amount of reserves on hand Interest received or accrued during the year N/A. 17b Interest Inte	b		10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11		1	1			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	CIOCO III COMPANIA	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)			4.0		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		12b				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15				<u> </u>			
h If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	c				140		Y
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?				-	122
	k	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scriedu	<i>i</i> ∈ ∪			ր 99 Ո	(2012

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

	to mile out, on, or you below, december the entertainty,			
	Check if Schedule O contains a response to any question in this Part VI		<u>i</u>	X
Sec	tion A. Governing Body and Management			T
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	,	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	v
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			N
		40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a	·	Δ_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10h		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a		Ha		
b		100	Х	
12a		12a 12b	X	-
b		120	Λ	
С		100	X	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
а		15a 15b	22	Х
b		130		122
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?	16a		122
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	46h		
	exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O	ilal		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avalld	ΣI C	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Uther (explain in Schedule O)	nd fine	noicl	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	iu iina	nciai	
	statements available to the public during the tax year.	atia 1		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	auon: J		
	DANIELLE BRIAN - 202-347-1122			
	1100 G STREET, NW, SUITE 500, WASHINGTON, DC 20005			

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	npei	nsat			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week					1	100,	from the	from related	other compensation
	(list any hours for	lirect				_		organization	organizations (W-2/1099-MISC)	from the
	related	e 0r (stee			sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	truste	al trus		yee	m per		(11 2, 1000 111100)		and related
	below	Individual trustee or director	nstitutional trustee	<u></u>	Key employee	est co oyee	19			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Form			
(1) DAVID HUNTER	2.00							: .		_
BOARD CHAIR		X		X				0.	0.	0.
(2) LISA BAUMGARTNER BONDS	2.00									
BOARD VICE-CHAIR		X	ļ	X	-	-		0.	0.	0.
(3) DINA RASOR	2.00									^
TREASURER	0.00	X	-	X	-	-	-	0.	0.	0.
(4) RYAN ALEXANDER	2.00	7.7							•	0.
BOARD MEMBER	2 00	Х	-	-		<u> </u>	 	0.	0.	0.
(5) HENRY BANTA	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	Δ	-	-	-	-	-	0.	0.	0.
(6) DAVID BURNHAM	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	277	+-	 	-	-		0.	.	
(7) MICHAEL CAVALLO	2.00	X						0.	0.	0.
BOARD MEMBER (8) CHARLES HAMEL	2.00	23				 	<u> </u>			
BOARD MEMBER	2:00	X						0.	0.	0.
(9) JANINE JACQUET	2.00				1.		†			
BOARD MEMBER		Х						0.	0.	0.
(10) MORTON MINTZ	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) NITHI VIVATRAT	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) ANNE ZILL	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) DANIELLE BRIAN	40.00									
PRESIDENT/EXECUTIVE DIRECTOR				X		_		125,900.	0.	15,163.
(14) KEITH RUTTER	40.00								·	
SECRETARY/CHIEF OPERATING OFFICER	1	-	-	X	-	-	 	110,900.	0.	15,575.
(15) SCOTT AMEY	40.00	-					-	105 000		0 455
GENERAL COUNSEL			+	-	-	X	-	105,900.	0.	8,456.
		+								
		1						<u> </u>	-	Form 990 (2012

	Section A. Officers, Directors, Tru	Istees, Kev Em								es (continued)	
***********	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average	(do		Pos		1 than	ono	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
		week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
		(list any hours for	Individual trustee or director				Ŀ		the organization	organizations (W-2/1099-MISC)	compensation from the
		related	e or d	tee			sated		(W-2/1099-MISC)	(۷۷-2/1099-101100)	organization
		organizations	ruste	Institutional trustee		99/	mpen		(VV 27 1000 WIIOO)		and related
		below	dual	ution		Key employee	sst co	la la			organizations
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former	,		
					T						
			İ .	1							
					T	T	<u> </u>				
			1								
						 	†	<u> </u>			
			-	ļ			-	-			
			1								
				-	+-	+	1	-			
			1								
				Т		J	_	Ь.	342,700.	0	. 39,194
	Sub-total								0.		. 0
	Total from continuation sheets to Part								342,700.		. 39,194
	Total (add lines 1b and 1c) Total number of individuals (including bu		 h o o o				(2)	ho r			• 35,15
2		t not limited to t	nose	Blist	eu a	ibov	e) w	1101	eceived more than \$100	7,000 of reportable	
	compensation from the organization										Yes No
	-#i-				01/ 0	mnl	0,400	or	highest componented e	mnlovee on	
3	Did the organization list any former offic										3 X
	line 1a? If "Yes," complete Schedule J fo										. 3 2
4	For any individual listed on line 1a, is the										4 X
	and related organizations greater than \$. 4 X
5	Did any person listed on line 1a receive of										. 5 X
	rendered to the organization? If "Yes," c	omplete Schedu	ie J	tor s	sucn	pei	rson				5 X
Sec	tion B. Independent Contractors			<u> </u>					that rapping the second	\$100,000 of access	neation from
1	Complete this table for your five highest										nsauon nom
	the organization. Report compensation f	or the calendar	year	eno	ling	with	or v	vitni		year.	(0)
	(A) Name and busine	an address		-					(B) Description of	services	(C) Compensation
	Name and busine		IN	ON	ഥ				Description of	301 11000	Componedion
2	Total number of independent contractor	rs (including but	not	limit	ed t	o th	ose	liste	d above) who received r	more than	
	\$100,000 of compensation from the org	anization 🕨					0			1.00	

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) (**D)** Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue 5,911. Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues 9,640. 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 861,694. similar amounts not included above 12,562. g Noncash contributions included in lines 1a-1f: \$ 877,245 h Total, Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,138. 20,138. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities 307,375 assets other than inventory b Less: cost or other basis 307,375 and sales expenses c Gain or (loss) 0. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$9,640. of contributions reported on line 1c). See 4,145. Part IV, line 18 _____a b Less: direct expenses b -440. -440. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,431 and allowances 60. b Less: cost of goods sold 1,371. 1,371 Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 898,314. 0 0. 21,069 Total revenue. See instructions.

1100	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
_	Grants and other assistance to individuals in		·		
	the United States. See Part IV, line 22				
_	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members	· ·			
	Compensation of current officers, directors,	267 520	220 472	12 250	24 808
	trustees, and key employees	267,538.	230,472.	12,258.	24,808
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 005 604	1 000 420	97,771.	107,485
	Other salaries and wages	1,205,684.	1,000,428.	31,111.	101,400
8	Pension plan accruals and contributions (include	20 410	25 767	5.7	2 595
	section 401(k) and 403(b) employer contributions)	28,419.	<u>25,767.</u>	57. 66.	2,595
9	Other employee benefits	56,297.	50,977.		5,254
10	Payroll taxes	111,950.	93,556.	8,325.	10,069
11	Fees for services (non-employees):				
	Management	20.000	27 020	0.0	
b	Legal	38,028.	37,938.	90.	
С	Accounting	18,071.	-	18,071.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	F0 030	FC 022	2 000	
	column (A) amount, list line 11g expenses on Sch O.)	58,832.	56,832.		
12	Advertising and promotion	904.	904.		12 001
13	Office expenses	110,971.	92,743.		13,89 <u>4</u> 7,810
14	Information technology	117,027.	107,741.	1,4/0.	7,610
15	Royalties	226 455	195,169.	10,831.	20,455
16	Occupancy	226,455. 11,094.	3,608.		6,780
17	Travel	11,094.	3,000.	700.	0,700
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6,322.	5,903.	242.	177
19	Conferences, conventions, and meetings	0,344.	5,303.	242.	111
20	Interest		1.		
21	Payments to affiliates	50,834.	43,810.	2,432.	4,592
22	Depreciation, depletion, and amortization	12,827.	8,238.	3,751.	838
23	Insurance Characteristic expenses not sovered	12,021•	0,230.	3,,31.	0.50
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	OUTREACH	63,268.	42,352.		20,916
b	RESEARCH MATERIALS	25,116.	25,116.		•
	FILING FEES	5,343.	55.		3,878
c d	MATATE C DEDATED	1,738.	1,219.		119
	All other expenses	827.	509.		
	Total functional expenses. Add lines 1 through 24e	2,417,545.	2,023,337.		229,670
25 26	Joint costs. Complete this line only if the organization		_, -,,, -		
20	reported in column (B) joint costs from a combined				
	reported in column (D) Joint coats from a combined	1			
	educational campaign and fundraising solicitation.				

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 170,009. 64,122. Cash - non-interest-bearing 1 1,427,885. 1,094,474. 2 Savings and temporary cash investments 2 125,631. 1,522,688. 3 Pledges and grants receivable, net 3 1,865. 48,143. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 890. 950. 8 Inventories for sale or use _____ 32,154. 97,718. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 466,393. basis. Complete Part VI of Schedule D ______ 10a 348,081. 71,717. 118,312. b Less: accumulated depreciation 10b 934,506. 769,566. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 22,690. 22,690. 15 Other assets. See Part IV, line 11 15 2,898,771. Total assets. Add lines 1 through 15 (must equal line 34) 3,857,008. 16 16 46,529. 55,043. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 642,455. 215,382. 25 688,984. 270,425. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,689,350. 1,900,973. 27 Unrestricted net assets 1,685,610. 520,437. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,209,787. 3,586,583. 33 33 Total net assets or fund balances 2,898,771. 3,857,008. 34 Total liabilities and net assets/fund balances

orm	990 (2012) PROJECT ON GOVERNMENT OVERSIGHT, INC.	52-173	9443	Pag	ge 12
aı	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		······································		
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,41		
3	Revenue less expenses. Subtract line 2 from line 1	3 -	-1,51	9,2	<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,58	5,5	83.
5	Net unrealized gains (losses) on investments	5	14:	2,4	<u>35.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,20	9,7	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		За		X
h	If "Voc " did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 1		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public

Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

		PROJECT	ON GOVERNME	NT OV	ERSIG	HT, I	NC.		52	2-1739	443	
Part I	Reason f		r ity Status (All organiz					ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	I through 1	1, check c	only one b	ox.)					
1	A church, cor	nvention of churche	es, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)) .				
2	A school desc	cribed in section 1 7	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	ital service organization o	described i	n section	170(b)(1)	(A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital	's nam	ne,
	city, and state	e:										
5	_		benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental unit	describe	ed in		
		(b)(1)(A)(iv). (Compl										
6			nent or governmental uni									
7 X			ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	ribed	ın
	-	b)(1)(A)(vi). (Comple										
8	•		section 170(b)(1)(A)(vi).						_			_
9 📖			ceives: (1) more than 33									
			ınctions - subject to certa									
			taxable income (less sect	tion 511 ta	x) from bus	sinesses a	acquired b	y the orga	nization a	after June 3	10, 19	6.
		509(a)(2). (Complet	•									
10	•	•	perated exclusively to te		-			-			,	
11	-	-	perated exclusively for th									or
			ations described in secti				2). See se d	ction 509(a	a)(3). One	eck the box	tnat	
		· · · · · · · · · · · · · · · · · · ·	g organization and compl					Tun	alli Nor	functional	l. into	aratad
	a Type I		• •	ype III - Fur	-	-				n-functional	-	_
e			at the organization is not									
			than one or more publicly						n(a)(1) 01 :	section bus	(a)(∠).	
f			itten determination from t									
		rganization, check t	tnis box organization accepted ar									
g			directly controls, either al								Yes	No
											162	INU
			supported organization?							-		-
			on described in (i) above? a person described in (i) (-	
1.	• •						**************	•••••		11g(iii)		
h	Provide the i	ollowing information	n about the supported or	gariizationi	(5).							
			I	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) Is	the			
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		tion in col.	Lorganizatio	on in col. I	(vii) Amount		netary
org	anization	-	above or IRC section		document?		r support?	(i) organiz U.S	?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			,									
						-						
				-								
				1								
			i e	1								
		·										

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-17394

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	:					
	membership fees received. (Do not				÷		
	include any "unusual grants.")	1,383,200.	3,542,077.	2,146,912.	1,892,294.	877,245.	9,841,728.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					1.4	
3	The value of services or facilities				2.4.0.2		
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1.383.200.	3,542,077.	2,146,912.	1,892,294.	877,245.	9,841,728.
	The portion of total contributions	1,303,200.	3,342,077.	2,140,512.	1,022,231.	7	3,011,120.
Э	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,249,570.
	Public support. Subtract line 5 from line 4.						4,592,158.
	ction B. Total Support					() 0010	(D. T. t. l
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,383,200.	3,542,077.	2,146,912.	1,892,294.	877,245.	9,841,728.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				04 040	00 100	100 100
	and income from similar sources	16,629.	17,481.	27,293.	21,948.	20,138.	103,489.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	981.	17,287.				18,268.
11	Total support. Add lines 7 through 10						9,963,485.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	4,346.
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stor					. <u></u>	>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	46.09 %
	Public support percentage from 2011					15	42.54 %
	a 33 1/3% support test - 2012. If the					nore, check this bo	x and
	stop here. The organization qualifies						
ł	o 33 1/3% support test - 2011. If the						
•	and stop here. The organization qual						
17	a 10% -facts-and-circumstances tes						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	meets the "facts and circumstances to 10% -facts-and-circumstances tes						
1							
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/b	, cneck this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	sion, piedeo comp	.0.0			· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513					:	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				-		
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		· · ·				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				:		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		- E 1 11 1			F01(a)(0)	Lation
14 First five years. If the Form 990 is fo						
Section C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2012 (column (f))		15	%
16 Public support percentage from 2013 Section D. Computation of Inve					10	70
					17	%
17 Investment income percentage for 2018 Investment income percentage from						
18 Investment income percentage from 19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a b 33 1/3% support tests - 2011. If the	The second secon					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

52-1739443 PROJECT ON GOVERNMENT OVERSIGHT, Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No4	Name, address, and Zir + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
10		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$31,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(See Instructions)	
		·	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\$	
(a)		(c)	1-11
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization 52-1739443 PROJECT ON GOVERNMENT OVERSIGHT, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

Section	n 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of or	~				ployer identification number
	PROJECT	ON GOVERNMENT OV	ERSIGHT, I	INC.	52-1739443
Part I-A	Complete if the org	anization is exempt under	section 501(c)	or is a section 527 or	organization.
2 Politic	al expenditures	ation's direct and indirect political		>	
Part I-B	Complete if the org	anization is exempt under	section 501(c))(3).	
1 Enter	the amount of any excise tax	incurred by the organization under	section 4955	•	· \$
2 Enter	the amount of any excise tax	incurred by organization managers	under section 495	5	• \$
3 If the	organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?	·	Yes No
4a Was a	correction made?				Yes No
	s." describe in Part IV.				
Part I-C	Complete if the org	janization is exempt under	section 501(c)), except section 50	1(c)(3).
1 Enter	the amount directly expended	by the filing organization for secti	on 527 exempt fund	ction activities	\$
2 Enter	the amount of the filing organ	ization's funds contributed to othe	r organizations for s	section 527	
exem	ot function activities			>	• \$
		. Add lines 1 and 2. Enter here and			
		1120-POL for this year?			
	· · · · · · · · · · · · · · · · · · ·	nployer identification number (EIN)	· ·	-	
		tion listed, enter the amount paid f			
	· · · · · · · · · · · · · · · · · · ·	omptly and directly delivered to a s		•	arate segregated fund or a
politic	cal action committee (PAC). If	additional space is needed, provid			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	n (e) Amount of political contributions received and
		÷		funds. If none, enter-	
				,	delivered to a separate
					political organization. If none, enter -0
					in mone, enter o .
		·			
		·			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization	anization is exem	OVERNMENT (pt under section	OVERSIGHT, 1 501(c)(3) and file	INC. 52-1 ed Form 5768	739443 Page 2
(election under sect					
	on belongs to an affilia		Part IV each affiliated	group member's nam	e, address, EIN,
	of excess lobbying ex				
Limit	on checked box A and s on Lobbying Expenditures" means amoun	ditures	visions apply.	(a) Filing organization's	(b) Affiliated group totals
(me term expend				totals	
1a Total lobbying expenditures to influ	ence public opinion (g	rass roots lobbying)		4,966.	
b Total lobbying expenditures to influ	ence a legislative body	(direct lobbying)		48,782.	
c Total lobbying expenditures (add lir	es 1a and 1b)			53,748.	
d Other exempt purpose expenditure	s			2,363,797.	
e Total exempt purpose expenditures	(add lines 1c and 1d)			2,417,545.	
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	columns.	270,877.	
If the amount on line 1e, column (a) or	(b) is: The lobb	ying nontaxable amo	unt is:		
Not over \$500,000	20% of th	ne amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,000	plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,000	plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,000	plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,00	00.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			67,719.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	o on either line 1h or lir	ne 1i, did the organiza	tion file Form 4720	· · · · · · · · · · · · · · · · · · ·	
reporting section 4911 tax for this y		·			Yes No
•	ntions that made a se umns below. See the	instructions for lines	do not have to comp 2a through 2f on pa		
	Lobbying Expend	ditures During 4-Yea	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	227,423.	233,410.	259,294.	270,877.	991,004.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,486,506.
c Total lobbying expenditures	38,835.	40,961.	37,947.	53,748.	171,491.
d Grassroots nontaxable amount	56,856.	58,353.	64,824.	67,719.	247,752.
e Grassroots ceiling amount (150% of line 2d, column (e))					371,628.

4,966. 4,966. Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

52-1739443 Page 3

Schedule C (Form 990 or 990-EZ) 2012 PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-173944

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(6	a)	(b)		D)
f the	lobbying activity.	Yes	No		Am	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state or					
1	ocal legislation, including any attempt to influence public opinion on a legislative matter					
. (or referendum, through the use of:					
a ∖	Volunteers?					
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c l	Media advertisements?					
	Mailings to members, legislators, or the public?					
	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 F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j (Other activities?					
j -	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b l	f "Yes," enter the amount of any tax incurred under section 4912					
c l	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d l	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or	se	ction	
	501(c)(6).					
					Yes	N
	N		i	ı		
	Were substantially all (90% or more) dues received nondeductible by members?			1		
2 [3 [Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)	(5), or	2 3 se		ne 3,
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) "No," OI	(5), or R (b) F	2 3 se Part		ne 3,
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	on 501(c) "No," OI	(5), or R (b) F	2 3 se		ne 3,
2 [3 [Part 1 [2]	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) "No," OI	(5), or R (b) F	2 3 se Part		ne 3,
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	on 501(c) "No," OI	(5), or R (b) F	2 3 se Part		ne 3,
2 [3 [9art 1 [2 (a (Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	on 501(c) "No," OI	(5), or R (b) F	2 3 ∵se Part 1		ne 3,
2 [3 [2 art 1 [2 (6 a (b (Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	on 501(c) "No," OI	(5), or R (b) F	2 3 se Part 1		ne 3,
2 [3 [Part 1 [2 3 a (b (Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	on 501(c) "No," OI	(5), or R (b) F	2 3 see Part 1		ne 3,
2 [3 [Part 1 [2 3 6 6 6 7	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	on 501(c) "No," OI	(5), or R (b) F	2 3 se Part 1		ne 3,
2 [3 [7]	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c) "No," Of	(5), or R (b) F	2 3 see Part 1		ne 3,
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2 [] 3 [] 3 [] 4 [] 6 [] 5 [] 7 art Complete Comple	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	on 501(c) "No," Of	(5), or R (b) F	2 3 SePart 1 1 2a 2b 2c 3	t III-A, lir	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

Employer identification number

	PROJECT ON GOVERNMENT OVERSIGHT,	INC.	52-1739443
Par	rt I Organizations Maintaining Donor Advised Funds or Other Simi	ilar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fur	nds ((b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fun	nds
•	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for		
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot		
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to		
	Purpose(s) of conservation easements held by the organization (check all that apply).	101111000,1 41114,	1110 7.
1		tion of an historical	hu important land area
			ly important land area
		tion of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a co	onservation easement on the last
	day of the tax year.		京教堂等開発
			Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	• • • • • • • • • • • • • • • • • • • •		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the orgar	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located	· · ·	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer	nents during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	and expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that	at describes the org	ganization's accounting for
	conservation easements.		· · · · · · · · · · · · · · · · · · ·
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasu	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		<u> </u>
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	venue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research	ch in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	ue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in further	erance of public se	rvice, provide the following amounts
	relating to these items:		·
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar asset		
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	-	10 c c c c c c
а	D 1 1 1 5 000 D 1 1 1 1 1 1		> \$
a b	A		
	7		. F ¥

		ON GOVERN					<u>.73944:</u>		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, o	r Other	Similar Ass	sets(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	e following that	are a sigr	nificant use of i	ts collection	ı item	s
	(check all that apply):		. ·				-		
а	Public exhibition	d	Loan or ex	change progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they further	the organization	n's exemp	ot purpose in F	art XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?		<u></u> [Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizat	ion answered "`	Yes" to Fo	orm 990, Part I	/, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ons or other ass	sets not in	cluded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	•						Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1 1			
f	Ending balance					1 1			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			[Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	en provided in P	art XIII .				
Par	t V Endowment Funds. Complete if	the organization ar	swered "Yes" to F	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years ba	ck (e) Four	years	back
1a	Beginning of year balance								
b	Contributions	-					-		-
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					* .			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	The same and a second second	_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administer	ed for the	organization	-	· · · · · · · · · · · · · · · · · · ·	
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations					·	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipm	i ent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or o basis (investr	1	st or other s (other)		umulated eciation	(d) Book	k valu	e
1a	Land								
	Buildings	L .							
			3	56,664.		44,179.	31:	2, 4	85.
	Equipment								
е	Other		1	09,729.	r	74,133.	3 !	5,5	96.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	e 10(c).)		>	348	8,0	81.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 99			ROJEC'											1739443	B Pa	ıge 4
Pa⊩				evenue					itemen	ts Wi	ith Re	venue	e per R				
1	Total revenue,	-						nents						1	1,087	, 78	34.
2	Amounts inclu								. 1	ı		4.40	425				
	Net unrealized									2a			435.				
	Donated service									2b		42,	450.				
	Recoveries of									2c							
	Other (Describ		,						L	2d		4,	585.		4.04		7.0
е	Add lines 2a th													2e		, 47	
3	Subtract line 2													3	898	3,31	<u>14.</u>
4	Amounts inclu								ĺ	1							
а		•								4a							
b	Other (Describ	oe in Part	t XIII.)						L	4b					-		_
	Add lines 4a a													4c			0.
	Total revenue.													5	898	3,31	<u>14.</u>
Pa	rt XII Reco													Retu			
1	Total expense:													1	2,464	1,58	<u> 30.</u>
2	Amounts inclu								1	1							
а										2a		42,	450.				
b	Prior year adju	ustments		,						2b							
С	Other losses									2c		· · · · · · · · · · · · · · · · · · ·					
d	Other (Describ	oe in Part	t XIII.)						L	2d		$\frac{4}{}$	585.				
е	Add lines 2a th	hrough 2	2d											2e		7,03	
3	Subtract line 2													3	2,417	7,54	<u>45.</u>
4	Amounts inclu	ıded on f	Form 990,	Part IX, lir	ne 25, bu	ıt not on	n line 1 :			1							
а	Investment ex	(penses i	not include	ed on Forn	n 990, Pa	art VIII, li	line 7b			4a							
b	Other (Describ	be in Parl	t XIII.)						L	4b							_
С	: Add lines 4a a													4c			0.
5	CONTRACTOR OF THE PARTY OF THE				must equ	ıal Form	990, Par	rt I, line 1	8.)					5	2,417	7,54	<u>45.</u>
OUTTO A	rt XIII Supp																
	nplete this part to	•		•											2b; Part V, lin	e 4; P	art
	ne 2; Part XI, line										-						
PA.	RT X, LI	.NE 2	: IN	<u>JUNE</u>	2006	, THE	E FIN	NANCI	AL A	CCO	UNTI	NG S	TAND	ARD	S BOARI)	
(F.	ASB) REL	EASE	D FAS	B ASC	740	-10,	INCC	I AMC	AXES	, TI	HAT	PROV	/IDES	GU	IDANCE	FOE	₹
											:						
RE	PORTING	UNCE	RTAIN	TY IN	INC	OME '	TAXES	S. FC	OR THI	E Y	EAR	ENDE	ED DE	CEM	BER 31		
20	12, POGO) HAS	DOCU	MENTE	DIT	S COI	NSIDE	ERATI	ON O	F F	ASB .	ASC	'/40-	10	AND		
																_	
Œ	TERMINED) THA	T NO	MATER	IAL	UNCE	RTAIN	N TAX	POS.	ITI	ONS	QUAI	JIFY	FOR	EITHER	₹	
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ŁΕ	COGNITIO	N OR	DISC	LOSUR	E IN	THE	F.IN	ANCIA	AL ST	A'I'El	MENT	s. 7	CHE F	EDE	RAL FOR	KΜ	
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99	0, RETUR	<u>in of</u>	ORGA	NTZAT	TON :	EXEMI	PT FF	KOM I	NCOM	E T	AX,	TR 8	SUBJE	CT	TO		

Schedule D (Form 990) 2012

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

Schedule D (Form 990) 2012 PROJECT ON GOVERNMENT OVERSIGHT, INC.  Part XIII Supplemental Information (continued)	52-1739443 Page 5
AFTER IT IS FILED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED AS AN EXPENSE ON THE	4,585.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8C.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED AS AN EXPENSE ON THE	4,585.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8C.	<u> </u>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-1739443 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE STRAUS MILITARY REFORM PROJECT WORKS TO SECURE A FAR MORE EFFECTIVE MILITARY FORCE AND MUCH MORE ETHICAL AND PROFESSIONAL MILITARY AND CIVILIAN LEADERSHIP AT SIGNIFICANTLY LOWER BUDGET LEVELS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NUCLEAR WEAPONS SECURITY INVESTIGATIONS EXPENSES \$ 252,621. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EMERGING PROGRAMS EXPENSES \$ 103,923. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ENERGY AND NATURAL RESOURCES INVESTIGATIONS EXPENSES \$ 70,111. INCLUDING GRANTS OF \$ 0. REVENUE S 0. WHISTLEBLOWER PROTECTIONS EXPENSES \$ 119,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FINANCIAL SECTOR OVERSIGHT EXPENSES \$ 95,644. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PUBLIC HEALTH INVESTIGATIONS EXPENSES \$ 49,077. INCLUDING GRANTS OF \$ 0. REVENUE S 0. INSPECTOR GENERAL EXPENSES \$ 44,447. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-1739443 CONGRESSIONAL OVERSIGHT TRAINING EXPENSES \$ 26,388. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. DIRECT LOBBYING EXPENSES \$ 52,278. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STRAUS MILITARY REFORM PROJECT EXPENSES \$ 155,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: POGO BOARD SUBCOMMITTEE MEETINGS ARE CONDUCTED VIA CONFERENCE CALL. WHILE MINUTES ARE NOT KEPT DURING THOSE MEETINGS, AT THE FULL BOARD MEETINGS FOLLOWING THE SUBCOMMITTEE MEETING A REPORT IS GIVEN AND RECORDED IN THE BOARD MINUTES, AS APPROPRIATE. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO. A DRAFT OF THE FORM 990 WAS THEN EMAILED TO POGO'S AUDIT SUBCOMMITTEE MEMBERS. EACH MEMBER OF THE SUBCOMMITTEE EMAILS HIS OR HER APPROVAL TO THE DIRECTOR OF OPERATIONS. A COPY OF THE FINAL 990 WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF POGO'S BOARD OF DIRECTORS AND KEY EMPLOYEES REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. IN ADDITION, THE BOARD REVIEWS THE POLICY ANNUALLY AND MAKES UPDATES TO THE POLICY AS DEEMED NECESSARY. WHEN A CONFLICT OF

INTEREST IS FOUND TO EXIST, THE INTERESTED EMPLOYEE PROVIDES THE EXECUTIVE

Name of the organization

Employer identification number 52-1739443

PROJECT ON GOVERNMENT OVERSIGHT, INC.

DIRECTOR OR A DESIGNATED COMMITTEE OF THE BOARD OF DIRECTORS WITH ALL
INFORMATION THEY HAVE RELEVANT TO ANY DECISION TO BE MADE. ALL DISCLOSURES

ARE CONSIDERED BY POGO'S EXECUTIVE DIRECTOR OR A DESIGNATED COMMITTEE OF

THE BOARD OF DIRECTORS WHO DETERMINE WHETHER THE CONFLICT REQUIRES RECUSAL

OF THE INTERESTED EMPLOYEE OR OTHER APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A: POGO'S BOARD OF DIRECTORS PERFORMS

AN ANNUAL EVALUATION OF POGO'S EXECUTIVE DIRECTOR AND DETERMINES HER

SALARY. IN ADDITION, THE BOARD PERIODICALLY PERFORMS A COMPARATIVE

ANALYSIS OF TOP MANAGEMENT SALARIES AT SIMILAR ORGANIZATIONS TO DETERMINE

APPROPRIATE SALARY ADJUSTMENTS. THE LAST COMPENSATION REVIEW FOR THE

EXECUTIVE DIRECTOR TOOK PLACE IN DECEMBER 2012.

POGO'S EXECUTIVE DIRECTOR PERFORMS AN ANNUAL EVALUATION OF POGO'S KEY

EMPLOYEES AND DETERMINES THEIR SALARIES. SHE PERIODICALLY PERFORMS A

COMPARATIVE ANALYSIS OF THE SALARIES OF COMPARABLE POSITIONS AT SIMILAR

ORGANIZATIONS TO DETERMINE APPROPRIATE SALARY ADJUSMENTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19: POGO'S ARTICLES OF INCORPORATION,

BYLAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST. IN ADDITION, POGO SUBMITS ITS ARTICLES OF INCORPORATION AND

BYLAWS TO ALL STATES THAT REQUIRE LICENSES FOR CHARITABLE CONTRIBUTIONS AND

THOSE STATES OFTEN MAKE SUCH INFORMATION PUBLIC THROUGH THEIR OWN WEBSITES

OR BY REQUEST.

(Rev. January 2010) Department of the Treasury Internal Revenue Service (99)

## **Report of Employer-Owned Life Insurance Contracts**

► Attach to the policyholder's tax return - See instructions.

Attachment

Sequence No. 160

Name(s) shown on return	Identifying number				
PROJECT ON GOVERNMENT OVERSIGHT, INC.			52-17394		
Name of policyholder, if different from above	Identi	fying nui	mber, if differen	t from above	
Type of business EXEMPT ORGANIZATION					
Enter the number of employees the policyholder had at the end of the tax year		1		20.	
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception		2		1.	
Enter the total amount of employer-owned life insurance in force at the end of the tax year for employe who were insured under the contract(s) specified on line 2		3	2,000	0,000.	
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2?	☐ No				
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a v		4b			