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Form	J	5	U

pending

Part I Summary

J Website:

SAME AS C ABOVE

WWW.POGO.ORG

501(c) (

Trust

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

в

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### PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

9,989,330.

Yes

Yes X No

No

If "No," attach a list. See instructions

H(b) Are all subordinates included?

H(c) Group exemption number

L Year of formation: 1991 M State of legal domicile: DC

Department of the Treasury Internal Revenue Service

A	For the 20	022 calendar year, or tax year beginning and	ending	
в	Check if applicable:	C Name of organization		D Employer identification numbe
	Address change Name change	PROJECT ON GOVERNMENT OVERSIGHT, INC. Doing business as	_	52-1739443
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 8 0 0	E Telephone number 202-347-1122
Γ	Amended return	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		G Gross receipts \$     9,98       H(a) Is this a group return
Ē	Applica- tion	F Name and address of principal officer: DANIELLE BRIAN		for subordinates? Ye

(insert no.)

Association

4947(a)(1) or

Other

527

Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 1 Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 2 18 Number of voting members of the governing body (Part VI, line 1a) 3 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 60 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 20 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 8,450,726. 8,246,757. Contributions and grants (Part VIII, line 1h) 8 Revenue 10,000. 0. Program service revenue (Part VIII, line 2g) 9 483,435. 164,376. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -70,424. -88,423. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,659,768. 8,536,679. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 76,792. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 4,966,699. 5,465,321. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 573,707. b Total fundraising expenses (Part IX, column (D), line 25) 1,710,288. 2,117,376. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 7,160,867. 7,175,609. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,498,901. 1,361,070. Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year Ы Assets 10,347,584. 10,789,223. 20 Total assets (Part X, line 16) 366,835. 396,179. 21 Total liabilities (Part X, line 26) 10,422,388. let 9,951,405. Net assets or fund balances. Subtract line 21 from line 20 22

Part II Signature Block

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

Sign	Signature of officer	5/11/23 Date	
Here	DANIELLE BRIAN, PRESIDENT Type or print name and title		
Paid	Print/Type preparer's name	Preparer s signature	hate Check PTIN if self-employed P01365820
Preparer	Firm's name MARCUM LLP		Firm's EIN 11-1986323
Use Only		#850	Phone no. (202) 822-5000
-	WASHINGTON, DC 20		
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

ra	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE PROJECT ON GOVERNMENT OVERSIGHT (POGO) IS A NONPARTISAN
	INDEPENDENT WATCHDOG THAT INVESTIGATES AND EXPOSES WASTE, CORRUPTION,
	ABUSE OF POWER, AND WHEN THE GOVERNMENT FAILS TO SERVE THE PUBLIC OR
	SILENCES THOSE WHO REPORT WRONGDOING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,645,758. including grants of \$) (Revenue \$)
	EFFECTIVE AND ACCOUNTABLE GOVERNMENT: THIS PROJECT'S INVESTIGATIONS ARE
	AIMED AT MAKING THE FEDERAL GOVERNMENT MORE EFFECTIVE, ACCOUNTABLE, AND
	OPEN. POGO SEEKS TO IMPROVE OVERSIGHT THROUGHOUT THE FEDERAL GOVERNMENT BY PROMOTING POLICY CHANGES AS WELL AS PUSHING TO STRENGTHEN OVERSIGHT
	STRUCTURES. THIS WORK IS INTENDED TO PREVENT THE GOVERNMENT FROM
	FAILING TO SERVE THE PUBLIC.
	FAILING TO BERVE THE TODELC.
4b	(Code:) (Expenses \$612,936. including grants of \$) (Revenue \$)
	CIVIC ENGAGEMENT: OUR CIVIC ENGAGEMENT PROGRAM BUILDS PARTNERSHIPS WITH
	COMMUNITY LEADERS AND PLACES OPINION PIECES UPLIFTING GOOD GOVERNMENT
	REFORMS IN LOCAL MEDIA MARKETS. COMPLEMENTING POGO'S ADVOCACY EFFORTS
	ON CAPITOL HILL, THESE LOCAL PARTNERS HELP POGO BUILD STATE-SIDE
	PRESSURE ON MEMBERS OF CONGRESS TO CHAMPION GOOD GOVERNMENT REFORMS.
	600 728
4c	(Code:) (Expenses \$609,738. including grants of \$) (Revenue \$)
	VOICE OF REASON AND TO COUNTERBALANCE THOSE WHO PROMOTE WASTEFUL
	SPENDING WITHOUT TAKING INTO ACCOUNT FIRST THE SECURITY NEEDS OF THE
	COUNTRY. THE GOAL IS TO SECURE A FAR MORE EFFECTIVE MILITARY FORCE AND
	MUCH MORE ETHICAL AND PROFESSIONAL MILITARY AND CIVILIAN LEADERSHIP AT
	SIGNIFICANTLY LOWER COST.
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ 2,127,199. including grants of \$ ) (Revenue \$ 10,000.)
4d 4e	(Expenses \$ 2,127,199. including grants of \$ ) (Revenue \$ 10,000.)

Form 990 (2				GOVERNMENT	OVERSIGHT,	INC
Part IV	Checklist of R	equired Sche	edule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,		37	
	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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Δ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_30		
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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232003 12-13-22

2022.03040 PROJECT ON GOVERNMENT OVE 239249\_1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	Х	
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	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	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?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
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2022.03040 PROJECT ON GOVERNMENT OVE 239249\_1

Form	990 (2022) PROJECT ON GOVERNMENT OVERSIGHT, INC. 52–1739 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	443	P	age <b>5</b>
1 41	Statements negaring other into rinings and rax compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	
Lu	filed for the calendar year ending with or within the year covered by this return 2a 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
с	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Г <u>а</u> тт	990	(2022)
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232005 12	2-13-22
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# PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443 Page 6

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 on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		Х
6	Did the organization have members or stockholders?				6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>		
74	more members of the governing body?				7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				74		_
D					7b		X
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				75		
8			0		80	Х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?				8a oh	<u></u>	X
					8b		- 2
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				•		Σ
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
eu	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue C</u>	ode.)			V.	
_				I		Yes	N
	Did the organization have local chapters, branches, or affiliates?				10a		Σ
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			[	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the fo	m?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," des	cribe				
	on Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by inde	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		Σ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with	a				
	taxable entity during the year?				16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filedAK, AL, AR, CA, C	O,CT	,DC,FL	, GA ,	HI.	IL.	K
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an						
0	for public inspection. Indicate how you made these available. Check all that apply.	0.0001	(300101100	1(0)(0)3	Officy)	avanar	510
	X       Own website       Another's website       X       Upon request       Other (explain	on Cak	dule O				
0			,	ov opd	finon	viol	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	muct of I	merest poll	cy, and	mane	idi	
~	statements available to the public during the tax year.	l (a = 1	0001-1-				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and r	ecords				
	$\frac{\text{DANIELLE BRIAN} - 202 - 347 - 1122}{1100 12701 \text{ CORPERT NW 800 WACHINGTON DO 2000E}$						
	110013THSTREET, NW, 800, WASHINGTON, DC2000512-13-22SEESCHEDULE O FOR FULL LIST OF STATES					000	
	3 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES				Eorm	990	(20)

								GHT, INC.	52-1739	443 Page 7
Part VII Compensation of Officers, I				s, K	(ey	Em	nplo	oyees, Highest Co	mpensated	
Employees, and Independer										
Check if Schedule O contains a resp										
Section A. Officers, Directors, Trustees, Key										
<ul> <li>1a Complete this table for all persons required t</li> <li>List all of the organization's current officer</li> <li>Enter -0- in columns (D), (E), and (F) if no compendence</li> </ul>	rs, directors, tru	istee								
<ul> <li>List all of the organization's current key er</li> </ul>	nployees, if any	/. Se	e th	e ins	struc	tion	s foi	r definition of "key empl	oyee."	
• List the organization's five <b>current</b> highest of who received reportable compensation (box 5 of \$100,000 from the organization and any related of	Form W-2, box									
<ul> <li>List all of the organization's former officers reportable compensation from the organization a</li> <li>List all of the organization's former director</li> </ul>	ind any related	orga	aniza	ation	s.			. ,		,
more than \$10,000 of reportable compensation f See the instructions for the order in which to list	rom the organiz	zatio	n ar						i i i i i i i i i i i i i i i i i	
Check this box if neither the organization r	or any related	orga	niza	tion	com	nper	sate	d any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	stee or director in the stee	not c	heck ss per	ition more rson is irecto eablokee eablokee	than o s both	n an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) WALTER SHAUB	40.00									
SENIOR ETHICS FELLOW						Х		182,889.	0.	11,337.
(2) DANIELLE BRIAN	40.00									
PRESIDENT/EXECUTIVE DIRECTOR	3.00			Х				167,340.	0.	25,291.
(3) KEITH RUTTER	40.00									
SECRETARY/EXEC OPERATING OFF. AND EX	3.00			Х				152,965.	0.	24,898.
(4) SCOTT AMEY	40.00									
GENERAL COUNSEL						X		153,031.	0.	23,083.
(5) TIM FARNSWORTH	40.00									
VP OF MARKETING, COMMUNICATIONS AND						X		136,027.	0.	19,964.
(6) ZOE REITER	40.00									
DIRECTOR OF STRATEGIC INITIATIVES AN						X		122,873.	0.	20,938.
(7) ELIZABETH MARX	40.00									
VP OF POLICY AND GOV'T AFFAIRS						x		125,273.	0.	13,911.
(8) NITHI VIVATRAT	1.00	1								

(10) DINA RASOR 1.00 Х Х 0. TREASURER 1.00 (11) RYAN ALEXANDER 1.00 х BOARD MEMBER 0. (12) HENRY BANTA 1.00 BOARD MEMBER - UNTIL 07/2022 х 0. 1.00 (13) LISA BAUMGARTNER BONDS BOARD MEMBER х 0. 1.00 (14) MICHAEL CAVALLO BOARD MEMBER х 0. 1.00 (15) ANDREW COCKBURN BOARD MEMBER Х 0. 1.00 (16) LIA EPPERSON BOARD MEMBER Х 0. 1.00 (17) ARMANDO GOMEZ х 0. BOARD MEMBER

Х

х

1.00

х

х

#### 232007 12-13-22

CHAIR

(9) DEBRA KATZ

VICE CHAIR

Form 990 (2022)

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	ON GOVEF	RNM	[EN	T (	ov	ΈR	SI	GHT, INC.	52-173	94/	<u>43 i</u>	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		Estima	
	hours per			heck n ss per:				compensation	compensation		amoun	
	week	offi	cer an	ıd a dir	recto	r/trus	tee)	from	from related		othe	r
	(list any	ctor						the	organizations		compens	ation
	hours for	r dire				ed		organization	(W-2/1099-MISC/		from t	he
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	1 trus	nal tr		oyee	dmo		1099-NEC)			and rela	ated
	below	ndividual trustee or director	nstitutional trustee	Officer	em pl	hest ( ploye	Former				organiza	tions
	line)	lnd	Inst	Offi	Key	em em	For			+		
(18) DAVID HUNTER	1.00	37							0			0
BOARD MEMBER	1 00	Х						0.	0	• <b> </b> -		0.
(19) NORM ORNSTEIN	1.00											0
BOARD MEMBER	1 00	Х						0.	0	•		0.
(20) VIRGINIA SLOAN	1.00											0
BOARD MEMBER	1 00	х						0.	0	•		0.
(21) ANNE ZILL	1.00											•
BOARD MEMBER		Х						0.	0	•		0.
(22) JEANINE ABRAMS MCLEAN	1.00											-
BOARD MEMBER		Х						0.	0	•		0.
(23) VIRGINIA CASE SOLOMON	1.00											-
BOARD MEMBER		Х						0.	0	<u>.                                    </u>		0.
(24) HINA SHAMSI	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(25) WALLACE JEFFERSON	1.00											
BOARD MEMBER		Х						0.	0	•		0.
										$\perp$		
1b Subtotal								1,040,398.	0		139,4	
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								1,040,398.	0	•	139,4	122.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
compensation from the organization												20
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emplo	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	-		•	•				• •			3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a											-	
rendered to the organization? If "Yes." corr											5	X
Section B. Independent Contractors		201	51 30		/0/30						<u>-  </u>	
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than	\$100.000 of compens	atio	n from	
the organization. Report compensation for	•	•										
(A)	,							(B)			(C)	
Name and business	address							Description of s	services	Cor	npensati	on
LOCUST STREET GROUP								COMMUNICATIO	NS			
2008 HILLYER PL NW, WASHI	NGTON .	DC	2	000	09			CONSULTANTS			375,0	000.
FREEWILL	,						_	ESTATE PLANN	ING			
PO BOX 5322, KINGWOOD, TX	77325							DEVELOPMENT			170,2	200.
DATAPRISE												
PO BOX 22645, NEW YORK, N	IY 10087							TECH SUPPORT			165,5	509.
GLOBAL PRINTING, DBA MORE							ľ				10070	
3670 WHEELER AVENUE, ALEX		v	A	223	30	4	ļ	PRINTING			151,9	916.
		•				-	f					<u> </u>
2 Total number of independent contractors (i	ncluding but p	ot lin	niter	t ot t	hos	e lie	ted	above) who received m	ore than			
\$100,000 of compensation from the organi	-	11			<u>4</u>							
,										_		

Form **990** (2022)

232008 12-13-22

		(2022) PROJECT ON GOV	/ERNMENT	OVERSIGHT,	INC.	52-1739	443 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response o	r note to any lin		(5)	(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a	7,155.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
G Q		Fundraising events	440,183.				
iifts ar A		Related organizations 1d					
s, G mila		Government grants (contributions)					
Sio		All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	8,003,388.				
dotri	g	Noncash contributions included in lines 1a-1f	260,689.				
aŭ	h	Total. Add lines 1a-1f		8,450,726.			
			Business Code				
ø	2 a	CONTRACT INCOME	900099	10,000.	10,000.		
e vic	b						
Se	c						
am	c	1					
Program Service Revenue	e	÷					
ŗ,	f	All other program service revenue					
	g			10,000.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		127,232.			127,232.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	b Less: rental expenses 6b					
	C						
		I Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,343,629.					
	b	Less: cost or other basis					
venue	_	and sales expenses     7b     1,306,485.       Gain or (loss)     7c     37,144.					
0				37 144			27 144
Other R		I Net gain or (loss)		37,144.			37,144.
the	8 8	Gross income from fundraising events (not including \$ 440,183. of					
0		contributions reported on line 1c). See					
		Part IV, line 18	Ο.				
	h	D Less: direct expenses	146,166.				
		Net income or (loss) from fundraising events		-146,166.			-146,166.
		Gross income from gaming activities. See		,			, =
		Part IV, line 19 9a					
	b	D Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
<i>(</i> ,			Business Code				
e out	11 a	OTHER INCOME	900099	40,000.	40,000.		
ane	b	FSA DEFERRALS	900099	16,216.	16,216.		
Sells	c	REBATES	900099	1,527.			1,527.
Miscellaneous Revenue	c	All other revenue					
~	e	• Total. Add lines 11a-11d		57,743.			
	12	Total revenue. See instructions		8,536,679.	66,216.	0.	19,737.
232009	9 12-10	3-22					Form <b>990</b> (202)

232009 12-13-22

9

	Check if Schedule O contains a respons	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7D, 1	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	370,497.	172,489.	158,588.	39,420
6	Compensation not included above to disqualified	,			•
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,222,086.	3,685,828.	233,105.	303,153.
8	Pension plan accruals and contributions (include	· ·	· ·		•
	section 401(k) and 403(b) employer contributions)	236,150.	208,970.	10,415.	16,765.
9	Other employee benefits	279,127.	244,013.	15,548.	19,566
10	Payroll taxes	357,461.	301,831.	29,052.	26,578
1	Fees for services (nonemployees):		-		-
а	Management				
b	Legal	63,437.	63,106.	331.	
с	Accounting	19,432.		19,432.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	233,804.	174,391.	59,413.	
2	Advertising and promotion	17,561.		17,561.	
13	Office expenses	10,924.	3,570.	6,123.	1,231.
4	Information technology	334,133.	286,126.	19,851.	28,156
15	Royalties				
16	Occupancy	139,591.	118,123.	11,158.	10,310.
17	Travel	11,578.	10,003.		1,575.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,344.	8,167.	177.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	00 700	10 105		
3	Insurance	29,763.	19,195.	8,878.	1,690
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTREACH	537,901.	443,251.		94,650.
b	PRINT, COPY, PUBLISHING	201,583.	183,556.	457.	17,570.
С	RESEARCH MATERIALS	59,519.	59,519.		
d	OTHER EXPENSES	42,718.	13,493.	16,182.	13,043.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,175,609.	5,995,631.	606,271.	573,707.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	240 126	220 167		10 050
		7/11 176	770 67		

Form 990 (2022) PROJECT ON GO Part IX Statement of Functional Expenses

PROJECT ON GOVERNMENT OVERSIGHT,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

RSIGHT, INC. 52-1739

52-1739443 Page 10

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Check here if following SOP 98-2 (ASC 958-720)

10

220,167.

240,126.

0.

19,959.

Form 990 (2022)

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

(A) Beginning of year End of year 539,430. 1 1 Cash - non-interest-bearing 6,175,502. 1,730,153. 2 Savings and temporary cash investments 2 250,100. 2,095,792. Pledges and grants receivable, net 3 3 28,028. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 91,200. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 283,482. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 238,982. 24,500. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 6,142,496. 3,213,419. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 25,405. Other assets. See Part IV, line 11 15 15 10,347,584. 10,789,223. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 74,669. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 321,510. of Schedule D 25 396,179. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 8,187,300. 9,540,990. Net assets without donor restrictions 27 27

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443 Page 11

(B)

457,598.

6,470.

309,499.

44,500.

2,715.

54,807.

312,028.

366,835.

2,235,088.

10,789,223. Form 990 (2022)

10,422,388.

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

Form 990 (2022) Part X | Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

28

29

30 31

32

33

410,415.

9,951,405.

10,347,584.

28

29

30

31

32

33

Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)       1       8,536,679.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7,175,609.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,361,070.         4       9,951,405.       5       -890,087.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9,951,405.         6       Donated services and use of facilities       6       7         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1	Form	1990 (2022) PROJECT ON GOVERNMENT OVERSIGHT, INC.	52-	1739443	Pa	<sub>ige</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       8, 536, 679.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 175, 609.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 361, 070.         4       Net assets or trund balances at beginning of year (must equal Part X, line 32, column (A))       4       9, 951, 405.         5       -890, 087.       6       -       -         7       Investment expenses       7       -         8       -       9       0.       -         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       At 22, 388.       -       0       10, 422, 388.         Part XII       Financial Statements and Reporting       -       -       -         Check if Schedule O contains a response or note to any line in this Part XII       -       -       2a       X         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       -       -       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, or both:       -       -       2a       X <td>Pa</td> <td>rt XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 175, 609.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 361, 070.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9, 951, 405.         5       Net unrealized gains (losses) on investments       5       -890, 087.         6       7       -890, 087.         7       7       -890, 087.         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       ,422, ,388.         Part XII       Financial Statements and Reporting       10       10,422, ,388.         Check if Schedule O contains a response or note to any line in this Part XII       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Account in the part XII       Yes         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Yes       No         1       Freigen chack abox below to indicate whether the financial statements for the year were audited on a separate		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 175, 609.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 361, 070.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9, 951, 405.         5       Net unrealized gains (losses) on investments       5       -890, 087.         6       7       -890, 087.         7       7       -890, 087.         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       ,422, ,388.         Part XII       Financial Statements and Reporting       10       10,422, ,388.         Check if Schedule O contains a response or note to any line in this Part XII       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Account in the part XII       Yes         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Yes       No         1       Freigen chack abox below to indicate whether the financial statements for the year were audited on a separate						
3       Revenue less expenses. Subtract line 2 from line 1       a       1,361,070.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9,951,405.         5       Net unrealized gains (losses) on investments       5       -890,087.         6       6       7         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10,422,388.         Part XII       Financial Statements and Reporting       10       10,422,388.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       10         16       Tess, "check at box below to indicate whether the financial statements for the year were audited on a separate basis.       2a       X         17       Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         18       Free," check at box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         17       Free,"	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       9,951,405.         5       Net unrealized gains (losses) on investments       5         6       -890,087.         6       6         7       6         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10       10, 422, 388.         Part XII       Financial Statements and Reporting       10       10, 422, 388.         Check if Schedule O contains a response or note to any line in this Part XII       10       10, 422, 388.         9       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         16       "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -890,087.         6       7       7       6         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10, 422, 388.         Part XII       Financial Statements and Reporting       10       10, 422, 388.         Check if Schedule O contains a response or note to any line in this Part XII       10       10, 422, 388.         9       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "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:       2a       X         12       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         13       Separate basis       Consolidated basis       Both consolidated a	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       , 422, 388.         Part XII       Financial Statements and Reporting       10       , 422, 388.         Check if Schedule O contains a response or note to any line in this Part XII       10, 422, 388.         Part XII       Financial Statements and Reporting       10       , 422, 388.         Check if Schedule O contains a response or note to any line in this Part XII       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10, 422, 388.   Part XII Financial Statements and Reporting 10, 422, 388.   Check if Schedule O contains a response or note to any line in this Part XII 10, 422, 388.   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII Yes   1 Accounting method used to prepare the Form 990: Cash   2a Ware the organization's financial statements complied or reviewed by an independent accountant? 2a   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: 2b   Separate basis Consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant? 2b   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b   Separate basis Consolidated basis Both consolidated and separate basis   consolidated basis, or both: 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   consolidated basis, or both: <	5	Net unrealized gains (losses) on investments	5	-89	0,0	87.
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10,422,388.         Part XIII       Financial Statements and Reporting       10       10,422,388.         Check if Schedule O contains a response or note to any line in this Part XII       10       10,422,388.         9       Ocentric Control (B)       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 on Schedule O.       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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:<	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, columm (B))   10 10, 422, 388.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash Cash X Accrual Other, "explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Devere the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Devere the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Devere the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or bo	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B).       10       10, 422, 388.         Part XII       Financial Statements and Reporting       10       10, 422, 388.         Part XII       Financial Statements and Reporting       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	8	Prior period adjustments	8			
column (B)       10       10, 422, 388.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       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       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       2c       X       Image: Consolidated basis </th <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td> <td></td> <td></td> <td></td> <td></td>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Image: 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:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicate whether the financial statements for the year were audited on a sep		column (B))	10	10,42	2,3	88.
Yes No   1 Accounting method used to prepare the Form 990: Cash X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: 2a   Separate basis Consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   b If "Yes," did the organiza	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash image:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   3a   b   If "Yes," did the org					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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 separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X         If the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consoli</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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 separate basis, consolidated basis, or both:       X       Image: Consolidated basis		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Consolidated basis       Image:	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       4       4		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       X         Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparization of the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparison of the required audit       <		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
or audits, evolution why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
or addres, explain why on Schedule C and describe any steps taken to undergo such addres		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHE	DULE A				al Duda				OMB No. 1545-0047
(Form 9	90)			rity Status an					つりつつ
				nization is a section 501 47(a)(1) nonexempt cha			or a section		2022
	of the Treasury enue Service		At	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public
			Go to www.irs.gov/	Form990 for instruction	ns and the	alatest inf	ormation.		Inspection
Name of	the organizati					-			identification number
Part I	Beacon			ERNMENT OVERS (All organizations must c					2-1739443
							ee instruction	IS.	
				For lines 1 through 12, cl					
1				on of churches described		n 170(b)(1	I)(A)(I).		
2				Attach Schedule E (Form		\	:)		
3	-	-		anization described in <b>se</b> njunction with a hospital			-	VIII) Entor	the besnital's name
4	city, and state	-	ation operated in col	njunction with a nospital	described	Sectio			the hospital s hame,
5									
•	-	-	Complete Part II.)		or operation				
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X			•	ntial part of its support fr			.,	ne general p	oublic described in
	•		omplete Part II.)		U U			•	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant of	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	om gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
	See section 509(a)(2). (Complete Part III.)								
11	÷	-	-	ively to test for public sat	•				
12	•	-	-	ively for the benefit of, to	-				-
			-	ed in section 509(a)(1) o					neck the box on
• <b></b>	_	•	• •	f supporting organization		-		-	nivina
a			-	upervised, or controlled gularly appoint or elect a	• • • •	-			
	• •	0	complete Part IV, Se		majonty o				pporting
b	_ ·		-	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ina
			-	anization vested in the sa			-		-
			t complete Part IV,		·		,	5 11	
с 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
	its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d	🗌 Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppo	ted organiz	ation(s)
	that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	eness
_	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e		•		written determination from			Туре I, Туре	II, Type III	
		•		nally integrated supporting					[
	ter the number		•						
g Pro	(i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		(-) =	(described on lines 1-10	in your governi Yes	ng document?	support (see in		support (see instructions)
				above (see instructions))	103				

Total

#### Schedule A (Form 990) 2022 PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-1739443 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6455729.	5798612.	6747233.	8246757.	8450726.	35699057.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	6455729.	5798612.	6747233.	8246757.	8450726.	35699057.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15127893.
6	Public support. Subtract line 5 from line 4.						20571164.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6455729.	5798612.	6747233.	8246757.	8450726.	35699057.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	94,234.	150,648.	91,451.	62,223.	127,232.	525,788.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	80,857.	17,359.	67,495.	42,103.	67,743.	275,557.
11	Total support. Add lines 7 through 10						36500402.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	56.36 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>55.73 %</u>
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line <sup>.</sup>	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

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	A (Form 990) 20				GOVERNMENT		INC.	52-1739443	Page 3
Part III	Support S	chedule for	r Organizatio	ons [	Described in Sect	tion 509(a)(2)			
	(Complete on	ly if you check	red the hox on li	no 10	of Part I or if the organ	nization failed to quali	fy under Part	II If the organization fails	to

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

000							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness 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						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
D	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	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						
~	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
_	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2022 (	, (),		column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Invest			<u></u>		16	%
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					<u> </u>	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	-	•				3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	3 12-09-22		<i>`</i>	i			lule A (Form 990) 2022
			15				

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1

2

3a

3b

3c

4a

4b

Yes No

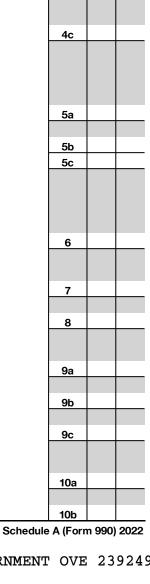
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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#### 52-1739443 Page 5 PROJECT ON GOVERNMENT OVERSIGHT, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Vac	No

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

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

Section D.	. All Type	III Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

2

Yes No

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Sche	dule A (Form 990) 2022 PROJECT ON GOVERNMENT (			52-1739443 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2022

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instructions).

PROJECT ON GOVERNMENT OVERSIGHT, I	$\mathbf{NC}$
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	dule A (Form 990) 2022 PROJECT ON GO	VERNMENT OVERS	IGHT, INC.	5	2-1739443 Page	e 7	
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			1	Current Year		
1	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
_4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	<i>w</i>	(11)	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
b	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
 PROJECT ON GOVERNMENT OVERSIGHT, INC.
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 Page 8

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

 Part VI
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2018 AMOUNT: \$	80,857.
2019 AMOUNT: \$	17,359.
2020 AMOUNT: \$	67,495.
2021 AMOUNT: \$	42,103.
2022 AMOUNT: \$	67,743.
232028 12-09-22 380511 150872 239	Schedule A (Form 990) 202 20 2022 03040 PROJECTION COVERNMENT OVE 2392

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

52-1739443

### 2022

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ARNOLD VENTURES	1,247,994.	517,986.
BAUMAN FOUNDATION	805,000.	74,992.
BERNARD AND ANNE SPITZER CHARITABLE TRUST	2,300,000.	1,569,992.
DEMOCRACY FUND	5,425,000.	4,694,992.
FOUNDATION TO PROMOTE OPEN SOCIETY	1,125,000.	394,992.
FREDERICK & JULIA NONNEMAN FOUNDATION	2,244,971.	1,514,963.
KLARMAN FAMILY FOUNDATION	2,150,000.	1,419,992.
WELLSPRING	2,750,000.	2,019,992.
WILLIAM AND FLORA HEWLETT FOUNDATION	3,650,000.	2,919,992.
Total Excess Contributions to Schedule A, Part II, Line 5		15,127,893.

#### 223451 11-15-22

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	PROJECT ON GOVERNMENT OVERSIGHT, INC.	52-1739443				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	or 990-EZ X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Choole if your processing	ion is sovered by the Constal Dule of a Special Dule					
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						

#### **General Rule**

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

#### Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

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

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

Schedule B (Form 990) (2022)

PROJECT ON GOVERNMENT OVERSIGHT, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,750,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 750,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 600,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 450,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

14380511 150872 239249

Schedule B (Form 990) (2022)

Name of organization

Employer identification number 52-1739443

Page 2

Name of organization

Schedule B (Form 990) (2022)

PROJECT ON GOVERNMENT OVERSIGHT, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 400,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 360,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 350,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 342,552. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 Person Payroll 197,994. Noncash \$ X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

14380511 150872 239249

Page 2 Employer identification number

52-1739443

ROJE	ECT ON GOVERNMENT OVERSIGHT, INC. 52-1				
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
4.0	1825 SHARES PROGRESSIVE CORP				
12					
		\$197,994.	01/13/22		
(a)		(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	Date received		
		\$			
(a) No.	(6)	(c)	(1)		
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I		(See instructions.)			
		\$			
		V			
(a) No.	(6)	(c)	(d)		
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received		
Part I					
		 \$			
(a) No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I					
		\$	<u> </u>		
(a)		(c)	( ))		
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received		
Part I					
		(			
		\$			

25

Schedule B (Form 990) (2022)

#### 14380511 150872 239249

2022.03040 PROJECT ON GOVERNMENT OVE 239249\_1

Name of organization

52-1739443

Employer identification number

	B (Form 990) (2022) rganization		Page <b>4</b> Employer identification number		
PROJE( Part III	from any one contributor. Complete columns (a)	ons to organizations described in sect through (e) and the following line entry charitable, etc., contributions of \$1,000 or les	$\frac{52 - 1739443}{\text{ion 501(c)(7), (8), or (10) that total more than $1,000 for the year}}{\text{For organizations}} \text{ for the year. (Enter this info. once.) } $		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	(e) Trans Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
223454 11-15			Schedule B (Form 990) (2022)		

26 2022.03040 project on government ove 239249\_1

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047	
(Form 990)		2022					
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in				Open to Public Inspection	
		Form 990, Part IV, line 3, or For			an Activit	ies), then	
-		plete Parts I-A and B. Do not com			,		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. [	Do not complete Part I-E	З.		
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete	Part I-A only.					
•		Form 990, Part IV, line 4, or For					
		nave filed Form 5768 (election und		•			
		nave NOT filed Form 5768 (election		· ·		•	
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form 99	90-ех, Ра	rt v, line 35C (Proxy	
		ions: Complete Part III.					
Name of organization				Er	mployer i	dentification number	
		ON GOVERNMENT OV				2-1739443	
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	r is a section 527	organiz	ation.	
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.			
2 Political campaign	, ,				\$		
<b>3</b> Volunteer hours for	political campai	gn activities					
Part I-B Compl	ete if the ora	anization is exempt under	section 501(c)(3	1			
		incurred by the organization under		,-	\$		
		incurred by organization managers					
		n 4955 tax, did it file Form 4720 fo				Yes No	
		, 				Yes No	
<b>b</b> If "Yes," describe ir	n Part IV.						
Part I-C Compl	ete if the org	anization is exempt under	r section 501(c), e	except section 501	1(c)(3).		
		l by the filing organization for secti			\$		
		ization's funds contributed to othe					
exempt function ac		Add Bass for d.O. Estado a sec			\$		
		. Add lines 1 and 2. Enter here and			¢		
		<b>1120-POL</b> for this year?			۴	Yes No	
		ployer identification number (EIN)					
		tion listed, enter the amount paid f					
		omptly and directly delivered to a s		, ,	arate segre	egated fund or a	
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part I\	/.			
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid from		Amount of political	
				filing organization's funds. If none, enter -		ributions received and omptly and directly	
					de	livered to a separate	
						olitical organization. If none, enter -0	
Ear Daparwork Baduat	ion Act Notice	soo the Instructions for Form 99	1 0 or 990_E7	1	Sebed	ulo C (Eorm 990) 2022	

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	PROJECT ON	GOVERNMENT (	OVERSIGHT, 1	NC. 52-1	739443 Page 2						
Part II-A Complete if the org section 501(h)).	anization is exe	empt under section	1 50 1 (c) (3) and file	a Form 5768 (ele	ction under						
	A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,										
	expenses, and share of excess lobbying expenditures).										
	, ,	and "limited control" pro	visions apply.								
Limi	ts on Lobbying Exp	· · ·		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals						
<b>1a</b> Total lobbying expenditures to influ	ience public opinion	(grassroots lobbving)		9,607.							
<b>b</b> Total lobbying expenditures to influ		, e,		48,479.							
c Total lobbying expenditures (add li				58,086.							
d Other exempt purpose expenditure				7,117,523.							
e Total exempt purpose expenditure				7,175,609.							
f Lobbying nontaxable amount. Ente	er the amount from th	he following table in both	n columns.	508,780.							
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable amo	ount is:								
Not over \$500,000	20% o	f the amount on line 1e.									
Over \$500,000 but not over \$1,000	),000 \$100,0	000 plus 15% of the exce	ess over \$500,000.								
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exce	ess over \$1,000,000.								
Over \$1,500,000 but not over \$17,	000,000 \$225,0	000 plus 5% of the exces	ss over \$1,500,000.								
Over \$17,000,000	\$1,000	0,000.									
g Grassroots nontaxable amount (en	ter 25% of line 1f)			127,195.							
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.							
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.							
j If there is an amount other than zer	ro on either line 1h o	r line 1i, did the organiza	tion file Form 4720	_							
reporting section 4911 tax for this					Yes No						
		veraging Period Under			_						
(Some organizations the		501(h) election do not l arate instructions for lin	•	of the five columns be	low.						
	· · · · ·		<u> </u>								
	Lobbying Exp	enditures During 4-Yea	r Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> Total						
2a Lobbying nontaxable amount	443,302	. 486,663.	508,043.	508,780.	1,946,788.						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,920,182.						
c Total lobbying expenditures	115,314	. 56,208.	77,456.	58,086.	307,064.						
d Grassroots nontaxable amount	110,826	. 121,666.	127,011.	127,195.	486,698.						
e Grassroots ceiling amount	,0_0	,	,,,	,,							
(150% of line 2d, column (e))					730,047.						
f Grassroots lobbying expenditures	21,963	. 3,249.	4,078.	9,607.	38,897.						

Schedule C (Form 990) 2022

232042 11-08-22

### PROJECT ON GOVERNMENT OVERSIGHT, INC. 5

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	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	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t 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."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

SCHEDULE	Đ
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(Form	990)	)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	PROJECT ON GOVERNM	ENT OVERSIGHT, INC	•	52-1739443
Par				counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds		<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other pu	pose conferr	ing
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) 🛛 🗌 Preserva	tion of a histo	prically important land area
	Protection of natural habitat	Preserva	tion of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcin	g conservatio	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cor	iservation eas	sements during the year
•			- 470/->/4>/D>	
8	Does each conservation easement reported on line 2(d) abov			
•				
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's infancial s		at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 95		ment and hals	ance sheet works
iu	of art, historical treasures, or other similar assets held for put	, ,		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treater			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

# 232051 09-01-22

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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2022.03040	PROJECT	ON	GOVERNMENT	OVE	239249_	_1

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 PROJECT	ON GOVERN	MENT	OVERS	IGHT,	INC.		52-17			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	or Othe	r Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change prog	ram					
b	Scholarly research	e			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hev further t	he organizat	ion's exe	mot ouro	ose in Part	XIII		
5	During the year, did the organization solicit of			-	-						
•	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			oorganizati		100 01		o, i aitiv,			
12	Is the organization an agent, trustee, custod		liary for	contribution	s or other a	sets not	included				
Ia									Yes		No
h	on Form 990, Part X?							∟			
D		and complete the lo	llowing	ladie.					Amoun	+	
	De sinsis a la la se								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7		<b>.</b>
	Did the organization include an amount on F						• • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete		1						(-) [		heels
		(a) Current year	(d)	Prior year	(c) Two ye	ars dack	(a) Three	years back	(e) Fou	years	раск
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	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	he				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		), Part I	V, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or c			t or other	1		ted	(d) Boo	k valu	ρ
	Description of property	basis (investr			(other)	1	epreciation		( <b>u</b> ) 000	it valu	C
10	Land				24,500.		-prooration		2	4,50	0.0
	Land				11,000				<u> </u>	-, , ,	
	Buildings										
	Leasehold improvements				3,600.		2 6	00.			0.
	Equipment			2	<u> </u>		<u> </u>		2	0,0	
	Other			•	-						
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	<u>mn (B), line 1</u>	10c.)				4	4,50	00.

Schedule D (Form 990) 2022

(A)         (B)         (C)           (B)         (C)         (C)           (C)         (C)         (C)         (C)           (D)         (C)         (C)           (G)         (C)         (C)	Schedule D	(Form 990) 2022	PROJECT ON	GOVERNMENT	OVERSIGHT,	INC.	52-1739443 Page 3
(a) Description of standing or queuely gave about (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (f) Financial derivatives         (c) Codely held quity interests         (c)           (g) Other         (c)         (c)           (h) Other at gaus from 980, Part X, gau, (f) line 12.         (c)           (g) Description of investment         (p) Deok value         (c) Method of valuation: Cost or end of year market value           (g)         (g) Description of investment         (p) Deok value         (c) Method of valuation: Cost or end of year market value           (g)         (g) Other Assets.         (g) Method of valuation: Cost or end of year market value           (g)         (g) Description of investment         (g) Description of investment         (g) Description           (h) Other Assets.         (h) D			Other Securities.				
(1) Franceid derivatives		Complete if the org	anization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form	990, Part X, line 1	2.
(2)         Closely held equity interests           (3)         Other           (4)         (4)           (5)         (5)           (6)         (6)           (7)         (7)           (8)         (7)           (9)         (7)           (9)         (7)           (9)         (7)           (9)         (7)           (9)         (7)           (10)         (10)           (11)         (11)           (12)         (11)           (12)         (11)           (12)         (11)           (12)         (11)           (12)         (11)           (12)         (12)           (13)         (12)           (14)         (12)           (15)         (11)           (12)         (12)           (13)         (12)           (14)         (12)           (15)         (12)           (16)         (11)           (16)         (11)           (16)         (11)           (16)         (11)           (16)         (11)           (16	(a) Descrip	tion of security or cate	GOTY (including name of security)	(b) Book value	e (c) Metho	d of valuation: Cos	st or end-of-year market value
(3)         Other	(1) Financia	al derivatives					
(A)         (B)         (C)           (B)         (C)         (C)           (C)         (C)         (C)           (D)         (C)         (C)	(2) Closely	held equity interests					
(B)         (C)           (G)         (C)           (G)         (C)           (E)         (C)           (E)         (C)           (G)	(3) Other						
10	(A)						
(D)       (D)         (E)       (D)         (F)       (D)         (G)       (	(B)						
(E)         (A)           (F)         (A)           (G)         (A)           (F)         (A)           (G)         (A)           (F)         (A)           (G)	(C)						
(F)       (G)         (G)       (G)         (H)       (H)         (H)       (	(D)						
(6)	(E)						
(h)         Image: Construction of investments - Program Related.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (e) Method of valuation: Cost or end-of-year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (1)         (c)         (c)           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (7) <td>(F)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(F)						
Total: (c) (b) must equal form 980, Part X, col. (B) line 12,         Image: Complete I (the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c) Method of valuation: Cost or end-of-year market value         (c) Method of valuation: Cost or end-of-year market value           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (a) Description         (c) Book value         (c)         (c)         (c)           (1)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)           (e)         (c)         (c)         (c)         (c)	(G)						
Part Will Investments - Program Related.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Bock value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Eock value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)     <	(H)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (c)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (9)         (c)         (c)         (c)         (c)           (a) Description         (c) Book value         (c)         (c)           (1)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)         (c) </td <td>Total. (Col. (I</td> <td><u>b) must equal Form 990</u></td> <td>), Part X, col. (B) line 12.)</td> <td></td> <td></td> <td></td> <td></td>	Total. (Col. (I	<u>b) must equal Form 990</u>	), Part X, col. (B) line 12.)				
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)         (c)         (c)         (c)           (a)         (c)         (c)<	Part VIII		-				
(1)         (2)           (3)         (4)           (6)         (5)           (6)         (6)           (7)         (7)           (8)         (9)           (9)         (9)           (1)         (9)           (1)         (1)           (1)         (1)           (1)         (1)           (1)         (1)           (2)         (1)           (2)         (2)           (3)         (2)           (4)         (1)           (2)         (2)           (3)         (2)           (4)         (5)           (6)         (7)           (6)         (7)           (7)         (1)           (8)         (2)           (9)         (1)           (1)         (1)           (1)         (1)           (2)         (2)           (3)         (2)           (4)         (5)           (6)         (7)           (1)         (2)           (3)         (2)           (4)         (2)           (1)				on Form 990, Part IV			
(2)       (3)         (3)       (4)         (6)       (5)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         (1)       (9)         (2)       (9)         (3)       (9)         (4)       (9)         (6)       (9)         (9)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (9) Description of liability         (1)       Federal income taxes         (2)       (9)         (1)       (9) Description of liability         (1)       Federal income taxes         (2)       ACCRUED PENSION CONTRIBUTION         (2)       ACCRUED PENSION CONTRIBUTION         (6)		(a) Description of	investment	(b) Book value	e (c) Metho	d of valuation: Cos	st or end-of-year market value
(9)       (4)         (6)       (5)         (7)       (6)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         (1)       (9)         (9)       (9)         (1)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other capalization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (1)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other capalization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (1)       Federal income taxes         (2)       ACCINED PENSION CONTRIBUTION       262, 028.         (3)       CONTRACT LIABILITIES       50, 0000.         (6)       (6)       (7)         (6)       (7)       (7) <td>(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1)						
(4)       (3)         (6)       (6)         (7)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (c)       (c)         (a)       (c)         (b) Book value       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (b)       (c)         (c)       <	(2)						
(6)       (6)         (7)       (7)         (8)       (9)         (9)       (10)         (9)       (11)         (9)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (11)       (11)         (12) <t< td=""><td>(3)</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3)						
(6)       (7)         (7)       (8)         (9)       (9)         (10)       (11)         (2)       (12)         (3)       (12)         (4)       (12)         (5)       (12)         (6)       (12)         (12)       (13)         (13)       (14)         (14)       (15)         (17)       (16)         (18)       (17)         (19)       (19)         (10)       (10)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)	(4)						
(7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (b) Book value         (4)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (a) Description       (b) Book value         (1)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)	(5)						
(8)       (9)         (9)       (1)         (1)       (2)         (a) Description       (b) Book value         (1)       (2)         (3)       (3)         (4)       (6)         (6)       (7)         (8)       (9)         Total. (Col.(mn (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (7)       (6)         (7)       (6)         (9)       (1)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (7)       (2)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (1)       (a) Description of liability       (b) Book value         (1)       (b) Book value       (c) Book value         (1)       (1)       (1)         (2)       ACCRUED PENSION CONTRIBUTION       2622, 028.         (3)       (2)       ACCRUED PENSION CONTRIBUTION       2622, 028.         (3)       (2)       (2)       (2)       (2)         (6)       (7)       (6)       (7)       (7)         (8)       (9)       (1)	(6)						
(9)       Image: Constraint of the constrain	(7)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (a) Description       (b) Book value         (a)       (b) Book value         (c)       (c)         (a)       (c)         (b)       (c)         (c)	(8)						
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (a)       (b) Book value         (4)       (b) Book value       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         Part X       Other Liabilities.       (b) Book value         (1)       Federal income taxes       (c) ACCRUED PENSION CONTRIBUTION       262, 028.         (2)       ACCRUED PENSION CONTRIBUTION       262, 028.       50, 000.         (4)       (b)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c) <t< td=""><td>(9)</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(9)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (c)         (a)       (c)         (a)       (c)         (a)       (c)         (c)       (c)	Total. (Col. (I	b) must equal Form 990	), Part X, col. (B) line 13.)				
(a) Description         (b) Book value           (1)         (a)         (b) Book value           (2)         (a)         (a)           (3)         (b) Book value         (c)           (4)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (7)         (c)         (c)         (c)           (8)         (c)         (c)         (c)           (9)         (c)         (c)         (c)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         (c)         (c)           Part X         Other Liabilities.         (c)         (c)           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (c)           (1)         Federal income taxes         (c)         (c)           (2)         ACCRUED PENSION CONTRIBUTION         2622, 028.         (c)           (3)         CONTRACT LIABILITIES         50, 000.         (d)         (d)           (5)         (c)	Part IX	Other Assets.					
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) ACCRUED PENSION CONTRIBUTION       2622,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         (9)       70         (11) Federal income taxes       (12) Column (b) must equal Form 990, Part X, col. (B) line 25.)         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         (9)       312,028.         2) Liability for uncertain tax positions. In Part XII, provide the text of the footnote to the organization's financial statements that reports the		Complete if the org	anization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form	990, Part X, line 1	5.
(2)       (3)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (2) ACCRUED PENSION CONTRIBUTION         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (7)       (6)         (8)       (9)         (9)       (1) Fodel (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (7)       (8)         (9)       (1) Fodel (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (1) Fodel, (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312, 028.         (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			(a)	Description			(b) Book value
(3)       (4)         (5)       (7)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (7)       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (7)       262,028.         (7)       312,028.         (7)       312,028.         (8)       (7)         (8)       (1)         (2) ACCRUED PENSION CONTRIBUTION       312,028.         (4)       50,000.         (4)       (5)         (6)       (7)         (8)       (1)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (2) ALability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)						
(4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (1)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       ACCRUED PENSION CONTRIBUTION         (3)       CONTRACT LIABILITIES         (4)       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)						
(5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)						
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a) Description of liability         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       ACCRUED PENSION CONTRIBUTION       262, 028.         (3)       CONTRACT LIABILITIES       50, 000.         (4)       (5)       (6)         (7)       (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312, 028.         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)						
(7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       50         (6)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2       312,028.	(5)						
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a) Description of liability         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) ACCRUED PENSION CONTRIBUTION       262, 028.         (3) CONTRACT LIABILITIES       50, 000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312, 028.         2       312, 028.	(6)						
(9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)						
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       262,028.         (2)       ACCRUED PENSION CONTRIBUTION       262,028.         (3)       CONTRACT LIABILITIES       50,000.         (4)       (5)       (6)         (7)       (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 15.)			
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       262,028.         (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X	Other Liabilitie	es.				
(1) Federal income taxes       (2) ACCRUED PENSION CONTRIBUTION       262,028.         (3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				on Form 990, Part IV	/, line 11e or 11f. See	Form 990, Part X	, line 25.
(2)         ACCRUED PENSION CONTRIBUTION         262,028.           (3)         CONTRACT LIABILITIES         50,000.           (4)         (5)         (6)           (6)         (7)         (8)           (9)         (7)         (7)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         312,028.           2.         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	<b>(a)</b> De	escription of liability				(b) Book value
(3) CONTRACT LIABILITIES       50,000.         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) Fed	leral income taxes					
(4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2) AC	CRUED PENS	ION CONTRIBUT	ION			262,028.
(5)       (6)         (7)       (7)         (8)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3) CO	NTRACT LIA	BILITIES				50,000.
(6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)						
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)						
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       312,028.         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the</li> </ol>		mn (b) must equal Fo	orm 990. Part X col (R) lin	e 25.)			312,028.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🔀

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 PROJECT ON GOVERNMENT OVERS				1739443	Page <b>4</b>			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total revenue, gains, and other support per audited financial statements			1	8,071,	075.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	-890,087.						
b	Donated services and use of facilities	2b	278,317.	_					
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	146,166.						
е	Add lines 2a through 2d			2e	-465,	604.			
3	Subtract line 2e from line 1			3	8,536,	679.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_					
b	Other (Describe in Part XIII.)	4b							
с	Add lines 4a and 4b			4c		0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,536,	679.			
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per F	Returr	า.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements			1	7,600,	092.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a	278,317.	_					
b	Prior year adjustments	2b							
с	Other losses	2c							
d	Other (Describe in Part XIII.)	2d	146,166.						
е	Add lines 2a through 2d			2e		483.			
3	Subtract line 2e from line 1			3	7,175,	609.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,175,	609.			
Pa	t XIII Supplemental Information.								
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b	and 2b; Part V, line 4	; Part >	(, line 2; Part X	I,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal infor	mation.						

PART X, LINE 2:

POGO PERFORMED AN EVALUATION OF UNCERTAINTY IN TAX POSITIONS FOR THE YEAR

ENDED DECEMBER 31, 2022, AND DETERMINED THAT THERE ARE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

232054 09-01-22

146,166.

146,166.

Schedule D (Form 990) 2022 Part XIII Supplemental Info	PROJECT ON	GOVERNMENT	OVERSIGHT,	INC.	52-1739443	Page 5
Part XIII   Supplemental Info	rmation (continued)					
					Schedule D (Form 9	90) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	•	e organization answered "Yes" on organization entered more than \$1		-		r 19, i	or if the	2022
Department of the Treasury Internal Revenue Service	_	Attach to Form 990						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information		Employer i	identification number
		ON GOVERNMENT OVE	RSI	GHT	, INC.		52-173	
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		ו 🗌 ו	<b>Yes No</b> bbe
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paio r retained b fundraiser red in col. <b>(i)</b>	y) to (or retained by)
			Yes	No				
Total				I				
		n is registered or licensed to solicit		utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443 Page 2

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

			(a) Event #1 RIDENHOUR EVENT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
0000	1	Gross receipts	440,183.			440,183
	2	Less: Contributions	440,183.			440,183
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes	40,000.			40,000
	5	Noncash prizes	2,373.			2,373
200	6	Rent/facility costs	24,470.			24,470
	7	Food and beverages	22,415.			22,415
	8	Entertainment				
l	9	Other direct expenses				56,908
L	10 11	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				146,166 -146,166
	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. <b>(a)</b> through col. (
	2	Cash prizes				
31						
	3	Noncash prizes				
		Noncash prizes				
	4					
	4 5	Rent/facility costs		└── Yes% └─ No	└── Yes % └── No	
	4 5	Rent/facility costs	Yes%		No	
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu	 Yes% No ugh 5 in column (d)	No	<u>No</u>	
a	4 5 6 7 8 Ent	Rent/facility costs     Other direct expenses     Volunteer labor	Yes%   Yes%   youther of the set of th	No No	<u>No</u>	Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	PROJECT ON	GOVERNMENT	OVERSIGHT,	INC. 52-	1739443 Page 3
<b>11</b> Does the organization conduct	gaming activities with no	nmembers?			Yes No
12 Is the organization a grantor, be					
to administer charitable gaming	?				Yes No
13 Indicate the percentage of gami	ing activity conducted in	:			
<b>a</b> The organization's facility					<b>13a</b> %
<b>b</b> An outside facility					13b %
<b>14</b> Enter the name and address of	the person who prepares	s the organization's ga	ming/special events b	ooks and records:	
Name					
Address					
<b>15a</b> Does the organization have a co	ontract with a third party	from whom the organ	ization receives gamin	g revenue?	Yes No
<b>b</b> If "Yes," enter the amount of ga	ming revenue received h	w the organization	\$	and the amount	
of gaming revenue retained by t			•		
c If "Yes," enter name and addres					
Name					
Address					
<b>16</b> Gaming manager information:					
Name					
	φ.				
Gaming manager compensatior	ו \$				
Description of services provided	1				
Director/officer	Employee	Independe	ent contractor		
<b>17</b> Mandatory distributions:					
a Is the organization required und	ler state law to make cha	ritable distributions fro	om the gaming procee	eds to	
retain the state gaming license?	•				Ves No
<b>b</b> Enter the amount of distribution	•		other exempt organization	ations or spent in the	
organization's own exempt activ		\$	hu Davit L line Oh and		
	ormation. Provide the as applicable. Also provi				art III, lines 9, 90, 100,
150, 150, 10, and 175,		de any additional infor		13.	
232083 10-27-22				Schee	dule G (Form 990) 2022
		37			

Schedule G	G (Form 990) Supplemental Infor	PROJECT ON	GOVERNMENT	OVERSIGHT,	INC.	52-1739443	Page <b>4</b>
	Supplemental Infor	mation (continued)					
						Schedule G (F	orm 990)

232084 04-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47			
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022					
		Compensated Employees		ZU		-			
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction				
Nam	e of the organization	1	Employer i			nber			
		PROJECT ON GOVERNMENT OVERSIGHT, INC.	52-1	73944	3				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c		nal use						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)						
b		on line 1a are checked, did the organization follow a written policy regarding payment or							
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
2	Indianta which if a	w, of the following the proprietion used to establish the componention of the proprietion's							
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec							
		ation of the CEO/Executive Director, but explain in Part III.	51110						
	X Compensation								
		ompensation consultant Compensation survey or study							
	X Form 990 of o		ommittee						
			ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
•	organization or a re								
а	-	e payment or change-of-control payment?		4a		x			
b		eive payment from a supplemental nonqualified retirement plan?				X			
с	-	eive payment from an equity-based compensation arrangement?		4 -		X			
	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r	evenues of:							
						X			
	Any related organiz	ation?				X			
	If "Yes" on line 5a o	r 5b, describe in Part III.							
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r	-							
						X			
b		ation?		<b>6b</b>		X			
_		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
~		es 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
~				8		X			
9		d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990)	2022			

232111 10-18-22

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

52-1739443

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) WALTER SHAUB	(i)	182,889.	0.	0.	0.	11,337.	194,226.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DANIELLE BRIAN	(i)	167,340.	0.	0.	13,416.	11,875.	192,631.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KEITH RUTTER	(i)	152,965.	0.	0.	12,462.	12,436.	177,863.	0.	
SECRETARY/EXEC OPERATING OFF. AND EX	ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SCOTT AMEY	(i)	153,031.	0.	0.	12,245.	10,838.	176,114.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(5) TIM FARNSWORTH	(i)	136,027.	0.	0.	11,107.	8,857.	155,991.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
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	(i)								
	ii)								
	(i)								
	ii)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022
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### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L		Tra	insaction	ns V	Vith	Intereste	d P	ersons			O	ИВ No.	1545-00	)47
(Form 990)	Complete if	the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,									2022			
			28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.							<b>Den To Public</b>				
Department of the Treasury Internal Revenue Service	Go	to ww				ructions and the		t information.				spect		ЛС
Name of the organization											ident		on nı	mber
Dout L Evenes						VERSIGHT,					394	43		
						ion 501(c)(4), and a art IV, line 25a or 2								
1			Relationship bet									(d)	Corre	ected?
(a) Name of disqua	alified person		person and or				(c) [	Description of tran	sactio	n		· · · ·	es	No
												_		
												_		
												+	$\rightarrow$	
2 Enter the amount section 4958	-		-	-			-	-		¢				
<b>3</b> Enter the amount						panization								
				5		<u></u>				···· •				
	o and/or From													
-	-					, Part V, line 38a c	or For	m 990, Part IV, line	e 26;	or if th	e orga	nizatio	on	
(a) Name of	an amount on For (b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original		(f) Balance due	(a	<b>)</b> In	<b>(h)</b> Ap	proved	(i) V	Vritten
interested person			of loan		n the zation?	principal amoun		(,,		, ault?	by bo comm		agre	ement?
				То	From		_		Yes	No	Yes	No	Yes	No
							_							
							+							
							+							
							+							
Total Part III Grants	or Assistance	Bon	ofiting lator	octor	1 Dor		\$							
	if the organizatio		-											
(a) Name of inter			(b) Relationship			(c) Amount o	of	(d) Type	of		(e	) Purp	ose c	of
			interested pers		d	assistance		assistan	ce		;	assist	ance	
		_												
		-								-				
		_												
		-												
		+												
LHA For Paperwork	Reduction Act No	otice,	see the Instruc	tions f	or For	m 990 or 990-EZ				Sche	dule L	. (Fori	n 990	) 2022

			OVERNMEN		RSIGHT,	INC	. 52-	-1739	443	Page 2
Part IV	Business Transactions Involvi	-								
(a	Complete if the organization answered ) Name of interested person	(b) Relation	m 990, Part IV, Iship between and the organi	nt of tion	(d) Descrip transac	òrģani	aring of zation's nues?			
(a) Name of interested person									Yes	No
PAMELA	RUTTER	PAMELA	RUTTER '	S SPO	106,	942.	PAMELA	RUTT		X
										<u> </u>
										+
Part V	Supplemental Information.									
	Provide additional information for respo	onses to ques	tions on Sche	dule L (see i	nstructions).					
сси т			TONG TH			סהקשב	ים ספס חי	MC.		
зся ц,	PART IV, BUSINESS T	RANSACT	TONS IN	VOLVIN	G INTER	(F2.LE	D PERSU	л <u>э:</u>		
(A) NA	ME OF PERSON: PAMELA	RUTTER	<u>.</u>							
(B) RE	LATIONSHIP BETWEEN I	NTEREST	ED PERS	ON AND	ORGAN	ITAZI	ON:			
				DOGO						
PAMELA	RUTTER'S SPOUSE IS 2	AN OFFI	CER OF	POGO.						
(D) DE	SCRIPTION OF TRANSAC	TION: P	AMELA R	UTTER	IS AN H	EMPLC	YEE OF	POGO	AND	J
HER SP	OUSE, KEITH RUTTER,	IS THE	EFO OF	POGO.						

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

)22

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

### PROJECT ON GOVERNMENT OVERSIGHT, INC

Employer identification number
52-1739443

20

		INCOLUCT ON O	O V DIVINI		10111, 1100.	52 1	135	==J	
Pa	tl	Types of Property	_						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	5
1	Art - V	Works of art							
2		Historical treasures							
3		Fractional interests							
4		s and publications							
5		ing and household goods							
6		and other vehicles							
7		s and planes							
8		ectual property							
9		rities - Publicly traded	Х	6	260,689.	SALES PRICE			
10		rities - Closely held stock							
11	Secu	rities - Partnership, LLC, or interests							
12		rities - Miscellaneous							
13	Quali	fied conservation contribution -							
		ric structures							
14 45		fied conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ctibles							
19 00		inventory							
20		s and medical supplies							
21		lermy							
22		rical artifacts							
23		ntific specimens							
24 05		eological artifacts							
25	Othe	· /							
26 07	Othe	/							
27	Othe								
<u>28</u> 29	Othe	ber of Forms 8283 received by the organi		 the tax year for a					
29		hich the organization completed Form 82							
								Yes	No
30a		g the year, did the organization receive b							
		hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	for			
		pt purposes for the entire holding period	?				30a		X
b		es," describe the arrangement in Part II.							
31		the organization have a gift acceptance				ions?	31	X	
32a		the organization hire or use third parties ibutions?		0			32a	x	
h		butions?					02a		
	11 16	o, accondenti artil.							

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 PROJECT ON GOVERNMENT OVERSIGHT, INC. 52–1739443 Page 2 Part II Supplemental Information. Provide the information required by Part L lines 30b 32b and 33 and whether the organization

**t II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

POGO HAS A GIFT ACCEPTANCE POLICY. POGO DOES NOT KNOWINGLY ACCEPT

CONTRIBUTIONS FROM FOR-PROFIT CORPORATIONS, LABOR UNIONS, ANY

GOVERNMENT, OR ANYONE WHO STANDS TO BENEFIT FINANCIALLY FROM OUR WORK.

POGO USES FREEWILL TO PROCESS ESTATE PLANNING CONTRIBUTIONS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



52-1739443

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROJECT ON GOVERNMENT OVERSIGHT

THE PROJECT ON GOVERNMENT OVERSIGHT (POGO) IS A NONPARTISAN INDEPENDENT

WATCHDOG THAT INVESTIGATES AND EXPOSES WASTE, CORRUPTION, ABUSE OF

POWER, AND WHEN THE GOVERNMENT FAILS TO SERVE THE PUBLIC OR SILENCES

THOSE WHO REPORT WRONGDOING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 2,127,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,000.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES REPORT TO THE BOD WHEN NECESSARY WHICH IS DOCUMENTED IN THE BOD MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EFO. A DRAFT OF THE FORM 990 WAS THEN EMAILED TO POGO'S FULL BOARD. EACH

MEMBER OF THE BOARD EMAILS HIS OR HER APPROVAL TO THE EFO. A COPY OF THE

FINAL 990 WAS PROVIDED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF POGO'S BOARD OF DIRECTORS AND ALL 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
 DIRECTOR
 OR
 A
 DESIGNATED
 COMMITTEE
 OF
 THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PROJECT ON GOVERNMENT OVERSIGHT, INC.	52-1739443
BOARD OF DIRECTORS WITH ALL INFORMATION THEY HAVE RELEVANT	TO ANY DECISION
TO BE MADE. ALL DISCLOSURES ARE CONSIDERED BY POGO'S EXECU	TIVE DIRECTOR OR
A DESIGNATED COMMITTEE OF THE BOARD OF DIRECTORS WHO DETER	MINE WHETHER THE
CONFLICT REOUIRES RECUSAL OF THE INTERESTED EMPLOYEE OR OT	HER APPROPRIATE
ACTION.	

FORM 990, PART VI, SECTION B, LINE 15A:

POGO'S BOARD OF DIRECTORS REGULARLY EVALUATES 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 2022. POGO'S EXECUTIVE DIRECTOR REGULARLY EVALUATES 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: AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,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.

47

232212 10-28-22

### SCHEDULE R

(Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

52-1739443

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### PROJECT ON GOVERNMENT OVERSIGHT, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
POGO ACTION - 81-1092790					PROJECT ON		
1100 13TH STREET, NW, SUITE 800					GOVERNMENT		
WASHINGTON, DC 20005	SOCIAL WELFARE	DISTRICT OF COLUMBIA	501(C)(4)	N/A	OVERSIGHT, INC.		Х
	-						

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

### Schedule R (Form 990) 2022 PROJECT ON GOVERNMENT OVERSIGHT, INC.

52-1739443 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-					<b></b>			1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		01 11 03 0		233013		Yes	No

#### PROJECT ON GOVERNMENT OVERSIGHT, INC. Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

vte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
o Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)	1d		X
Loans or loan guarantees by related organization(s)			X
Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
Purchase of assets from related organization(s)			X
Exchange of assets with related organization(s)	<u>1i</u>		X
Lease of facilities, equipment, or other assets to related organization(s)			X
C Lease of facilities, equipment, or other assets from related organization(s)			X
Performance of services or membership or fundraising solicitations for related organization(s)			X
n Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			X
Reimbursement paid by related organization(s) for expenses			X
Other transfer of cash or property to related organization(s)	<u>1r</u>		X
s Other transfer of cash or property from related organization(s)			X

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

### Schedule R (Form 990) 2022 PROJECT ON GOVERNMENT OVERSIGHT, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	<b>e)</b> e all	(f)	(g)	(r	1)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	rs sec. c)(3) s.?			Dispr tior allocat	upor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	ing er? OV	ercentage wnership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
												+	
											$\vdash$	+	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 PROJECT ON GOVERNMENT OVERSIGHT, INC. 52-1739443 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

POGO ACTION

EIN: 81-1092790

1100 13TH STREET, NW, SUITE 800

WASHINGTON, DC 20005

PRIMARY ACTIVITY: SOCIAL WELFARE

DIRECT CONTROLLING ENTITY: PROJECT ON GOVERNMENT OVERSIGHT, INC.