** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning	and	ending			
	Check if applicable	C Name of organization FOUNDATION FOR GOVERNMENT			D Employer identifi	cation number	
	Addres	S ACCOUNTED DIT THEY THE					
	change Name				45-26375	0.7	
	change Initial		oddraga)	Doom/ouito	E Telephone numbe		_
	return Final return/	Number and street (or P.0. box if mail is not delivered to street a 15275 COLLIER BLVD, #201-27		Room/suite	239-244-	8808	1
	termin- ated	1 , , , , , , , , , , , , , , , , , , ,	oostal code		G Gross receipts \$	16,155,	362.
	Amend return	NAPLES, FL 34119			H(a) Is this a group re		
	Applica tion		GDON		for subordinates	? Yes 🛚	X No
	pendin	132/3 COLLIER BLVD, SUITE ZUI-Z	79, NAPL	ES, F	H(b) Are all subordinates in	ncluded? Yes	No
1	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)($) (insert no.)	4947(a)(1)	or 527	If "No," attach a	list. See instruction	ns
	Websit				H(c) Group exemption		
		organization: X Corporation Trust Association	Other	L Year	of formation: 2011	M State of legal domi	cile: FL
P	art I	Summary					
ď	1 1	Briefly describe the organization's mission or most significant acti					
Activities & Governance		FORMULATE AND PROMOTE PUBLIC POLI	CIES BAS	ED ON	THE PRINCIP	LES OF	
ž	2 (Check this box if the organization discontinued its ope				sets.	_
Š	3 1	Number of voting members of the governing body (Part VI, line 1a			3		<u>6</u>
9	4 1	Number of independent voting members of the governing body (F	Part VI, line 1b)		4		5
es	5	Total number of individuals employed in calendar year 2022 (Part					57
Ξ	6	Total number of volunteers (estimate if necessary)					0
Act	7 a -	Fotal unrelated business revenue from Part VIII, column (C), line 1					0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, li	ne 11	<u></u>			0.
					Prior Year	Current Yea	
9	8 (Contributions and grants (Part VIII, line 1h)			13,013,778.	13,870,	
ē	9	Program service revenue (Part VIII, line 2g)			0.	120	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			138,516.	137,	
	ייין (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			0.		936.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, colun			13,152,294.	14,025,	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
		Benefits paid to or for members (Part IX, column (A), line 4)			5,603,168.	6 256	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column			0.	6,356,	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	293,10		0.		0.
Ω X	b	_			5,316,352.	5,880,	1 5 0
_	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			10,919,520.	12,236,	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), I			2,232,774.		
	19	Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Yea	
ts o	<u> </u>	Fatal assats (Pat V line 10)			11,867,357.	12,702,	
Net Assets or	20	Fotal assets (Part X, line 16)			378,149.	848,	
let /	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			11,489,208.	11,853,	
P	∃ 22 I art II	Signature Block			11,405,200.	11,055,	
		ties of perjury, I declare that I have examined this return, including accom	inanying schedules	s and stateme	ents, and to the hest of my	knowledge and helie	ef it is
		and complete. Declaration of preparer (other than officer) is based on al				, Kilowiougo alla bolla	, 11 10
T di	, 001100	, and completes become and of property (curior than ember) to become on an	i ilioiniadon or wi	non proparor	That any information		
Sig	ın T	Signature of officer			Date		
He		TARREN BRAGDON, PRESIDENT & CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's sign	ature		Date Check	PTIN	
Pai			R B. WOOI	LF 1	.1/15/23 if self-employ	red P002898	94
		Firm's name UHY ADVISORS MI, INC.		L	Firm's EIN 3	8-1910111	
	Only	Firm's address 7171 STADIUM DRIVE					
	-	KALAMAZOO, MI 49009			Phone no. 26	9-381-760	0
Ma	v the IR	S discuss this return with the preparer shown above? See instruc	ctions		·	X Yes	No

orm 990 ((2022) <i>I</i>	ACCOUNTABILITY,	INC.	45-2637507	Page
Part III	Statement of Pro	ogram Service Accomp	olishments		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE FOUNDATION'S MISSION IS TO FORMULATE AND PROMOTE PUBLIC POLICIES
	BASED ON THE PRINCIPLES OF TRANSPARENCY, THE FREE MARKET, INDIVIDUAL
	FREEDOM, AND LIMITED CONSTITUTIONAL GOVERNMENT.
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?
4	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 \$ 4,501,439 • including grants of \$) (Revenue \$)
	WELFARE AND UNEMPLOYMENT REFORM: A PROJECT TO IDENTIFY AND PROMOTE
	POLICIES THAT SUCCESSFULLY MOVE INDIVIDUALS FROM DEPENDENCY TO
	FULL-TIME WORK AND ALLOW THEM TO QUICKLY ESCAPE POVERTY OR JOB LOSS AND
	TO REDUCE FRAUD IN WELFARE AND UNEMPLOYMENT PROGRAMS TO PROTECT
	RESOURCES FOR THE TRULY NEEDY.
4b	(Code:) (Expenses \$ 3,135,331. including grants of \$) (Revenue \$)
	RESTORE VOTER CONFIDENCE IN ELECTIONS: SECURE AND FAIR ELECTIONS ARE
	NECESSARY FOR PRESERVING SELF-GOVERNANCE AND THE AMERICAN WAY OF LIFE,
	BUT THE PUBLIC'S TRUST IN ELECTIONS HAS ERODED IN RECENT YEARS. FGA
	CREATED A MENU OF REFORMS TO RESTORE PUBLIC TRUST IN ELECTIONS AND EDUCATED STATE LEADERS ON HOW TO IMPLEMENT THE REFORMS IN THEIR STATES,
	WHICH LED TO 143 REFORMS BEING IMPLEMENTED IN MORE THAN A DOZEN STATES.
	WHICH BED TO 143 KEI ONES BEING IMBERIED IN MOKE IMMA II BOZEM BINIED.
	2 040 162
4c	(Code:) (Expenses \$ 2,049,163. including grants of \$) (Revenue \$) PROTECTING FUNDAMENTAL RIGHTS IN SCHOOLS AND INVESTMENTS A PROJECT TO
	CONDUCT RESEARCH ON THE INFLUENCE OF POLITICAL IDEOLOGY IN GOVERNMENT,
	SCHOOLS, AND CORPORATE BOARDROOMS, TO EDUCATE STATE AND FEDERAL
	LAWMAKERS ON THE FINDINGS, AND TO PROMOTE REFORMS THAT PROTECT THE
	FUNDAMENTAL RIGHTS OF PARENTS, RETIREES, AND WORKERS.
	<u> </u>
۸،	Other program services (Describe on Schedule O.)
−u	(Expenses \$ 1,511,677 • including grants of \$) (Revenue \$)
4e	11 107 (10
	Farma 990 (2000)

FOUNDATION FOR GOVERNMENT Form 990 (2022) ACCOUNTABILITY, INC. Part IV Checklist of Required Schedules

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		\	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	/		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			Х
•	Schedule D, Part III	8		Λ
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?			
		9		Х
10	If "Yes," complete Schedule D, Part IV	9		21
10	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,	10		21
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
ıIJ	,	19		Х
20a	complete Schedule G, Part III	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

FOUNDATION FOR GOVERNMENT Form 990 (2022) ACCOUNTABILITY, INC. Part IV Checklist of Required Schedules (continued)

			169	140
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	23	x	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 7 0	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		X
b		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		
d	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			
	Schedule L, Part I	25b		X
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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			37
	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	24		х
25.0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 21
b	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	(gambling) winnings to prize winners?	1c		

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O22) ACCOUNTABILITY, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a -		X
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		Х
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).			37
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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	_		v
_	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		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	and the second of the boundary of the boundary of the boundary of the second of the se	8		
9	sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.0	If "Yes," complete Form 4720, Schedule O.	10		23
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.			

45-2637507

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 Section A. Governing Body and Management No Yes 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR, CT, FL, GA, IL, NJ, NY, NC, VA, WA, WI, CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

MISSION FIRST OPERATIONS - 610-883-0566 164 CONCORD MEETING ROAD, GLEN MILLS, PA

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, INC.

45-2637507

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do		(C	ition		nne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box,	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TARREN BRAGDON	36.00							442 422		00 005
CEO AND PRESIDENT	4.0.00	Х		Х				443,439.	0.	20,305.
(2) JONATHAN BECHTLE	40.00							220 500	,	00 770
COO & GEN. COUNSEL	40 00			X				330,500.	0.	29,779.
(3) JONATHAN INGRAM	40.00			U		x		200 100	0.	15 107
VP OF POLICY & RESEARCH (4) ROBIN WALKER	40.00					Λ		290,188.	0.	15,197.
DIRECTOR-FED AFFAIRS	40.00					x		276,639.	0.	11,365.
(5) KATHERINE RODGERS	40.00					25		270,0331	•	11,303.
VP OF OUTREACH & GOV'T AFFAIRS						x		262,046.	0.	15,855.
(6) SAMUEL ADOLPHSEN	40.00									
POLICY DIRECTOR						Х		224,646.	0.	15,010.
(7) NICHOLAS STEHLE	40.00									
VP OF COMMUNICATIONS						Х		206,000.	0.	21,779.
(8) BETTY NEIGHBORS	1.00									•
CHAIR	1 00	Х						0.	0.	0.
(9) ROBERT HARDEN DIRECTOR	1.00	Х						0.	0.	0.
(10) STEPHEN PRYOR	1.00									_
VICE CHAIR	1 00	Х						0.	0.	0.
(11) BRIDGETT WAGNER DIRECTOR	1.00	х						0.	0.	0.
(12) SHANE JACKSON	1.00	Λ						0.	0.	<u>U•</u>
DIRECTOR	1.00	Х						0.	0.	0.
		21						0.	0.	

Form 990 (2022) 232007 12-13-22

Form 990 (2022)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											/= \	
(A)	(B) (C) (D) (E) Average Position Populable Populable							l	(F)			
Name and title	Average hours per		not cl	heck i	more	than o		Reportable	Reportable	l '	mate	
	week					s both or/trus		compensation	compensation	l	ount o ther	ΣT
	(list any	ъ						from the	from related organizations	comp		tion
	hours for	direct				_		organization	(W-2/1099-MISC/		m the	
	related	e 0 r	stee			sate		(W-2/1099-MISC/	1099-NEC)	orga		
	organizations	truste	aestar Innoin Institution of Control of Cont								relate	
	below	Individual trustee or director	ution	J.	ey employee	sst co	er	,		organ	iizatio	ons
	line)	Indiv	Instit	Officer	Key e	Highe	Former					4
							* (
1b Subtotal								2,033,458.	0.	129	, 29	90.
c Total from continuation sheets to Part								0.	0.			0.
								2,033,458.	0.	129	, 29	90.
2 Total number of individuals (including but) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization							_	<u> </u>	<u> </u>			7
										,	Yes	No
3 Did the organization list any former offic	er, director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for			-	-	-		_		•	3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1			-							4	х	
5 Did any person listed on line 1a receive of	accrue comper	nsati	on fr	om	anv	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." co	•				-			-		5		Х
Section B. Independent Contractors	IIIDIELE OCHEUUI	0 10	טנ זע	ICII Ļ	<i>J</i> C13	<i>OII</i> .						

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation
LEGAL SERVICES	301,680.
PUBLIC RELATION	240,000.
PUBLIC RELATION	168,000.
LEGAL SERVICES	136,000.
MARKET RESEARCH	121,800.
d above) who received more than	
	200
	Description of services LEGAL SERVICES PUBLIC RELATION PUBLIC RELATION LEGAL SERVICES MARKET RESEARCH

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FOUNDATION FOR GOVERNMENT Form 990 (2022) ACCOUNTABILITY, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		STIGGE II CONCOUNT O CONTAINS & TESPONSE OF	oto to arry illie	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
"	4 -	Fortunated community 4					300000113 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Gra		Membership dues 1b					
ts,		Fundraising events 1c					
a g	d	Related organizations 1d					
ini		Government grants (contributions) 1e					
i S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	13,870,584.				
d d	g	Noncash contributions included in lines 1a-1f 1g \$					
Co	h	Total. Add lines 1a-1f		13,870,584.			
			Business Code				
a	2 a						
ķ	b						
iue							
m S	C						
ar Be	d						
Program Service Revenue	e				4 7		
ъ.		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)		259,244.			259,244.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties) The state of the		
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 16,936.					
	b	Less: rental expenses 6b 0.					
	С	16 026					
		Net rental income or (loss)		16,936.			16,936.
		Gross amount from sales of (i) Securities	(ii) Other	, -			, -
	ı a		(,				
		, ,					
	D	Less: cost or other basis					
ğ		and sales expenses					
Revenue		Gain or (loss) 7c -121,481.					
		Net gain or (loss)		-121,481.			-121,481.
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	_	Part IV, line 199a	l				
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	io a	Gross sales of inventory, less returns	l				
		and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
ည္		<u>-</u>	Business Code				
30 n	11 a						
Miscellaneous Revenue	b						
evel	С						
Aiš. B	d	All other revenue					
_		Total. Add lines 11a-11d					
		Total revenue See instructions		14 025 283.	0.	0.	154 699.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor			<u> </u>	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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	2,033,458.	1,670,275.	215,241.	147,942.
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	3,484,815.	3,390,481.	68,703.	25,631.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	,	,		
9	Other employee benefits	433,925.	400,181.	20,597.	13,147.
10	Payroll taxes	404,287.	375,463.	17,594.	11,230.
11	Fees for services (nonemployees):				
а	Management				
	Legal	325,045.	320,005.	5,040.	
С	Accounting	54,836.		54,836.	
d	, 0				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	2 217 477	2 004 055	70 507	FO 00F
	column (A), amount, list line 11g expenses on Sch 0.)	3,217,477.	3,094,855.	70,597.	52,025.
12	Advertising and promotion	87,301.	87,301.	6 055	1 201
13	Office expenses	56,225. 101,934.	48,779. 52,779.	6,055. 49,155.	1,391.
14	Information technology	101,934.	54,779.	49,133.	
15	Royalties	97,114.	25,649.	71,465.	
16	Occupancy	1,591,898.	1,523,983.	26,471.	41,444.
17	Travel	1,331,030.	1,323,903.	20,4/1.	41,444.
18	Payments of travel or entertainment expenses	23,055.	23,055.		
40	for any federal, state, or local public officials	25,055.	25,055		
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,125.		24,125.	
23	Insurance	31,150.		31,150.	
24	Other expenses, Itemize expenses not covered	,2001		52,2551	
	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.) DUES & SUBSCRIPTIONS	120,645.	104,745.	15,850.	50.
	TELEPHONE & INTERNET	62,253.	56,061.	5,906.	286.
b	EQUIPMENT RENTAL	44,584.	8,484.	36,100.	400.
C.	BANK FEES	18,372.	0,404.	18,372.	
d		24,144.	15,514.	8,607.	23.
	All other expenses Add lines 1 through 24e	12,236,643.	11,197,610.	745,864.	293,169.
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	10,00,040•	±±,±>1,0±0•	, 43,004.	<u> </u>
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	1100K 11010 [] II IUIIUWIIII SUP 98-2 (ASU 938-720)				000

Form 990 (2022)
Part X Balance Sheet

Pai	LA	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,165,382.	1	646,018.		
	2	Savings and temporary cash investments	145,856.	2	2,385,644.		
	3	Pledges and grants receivable, net			500,000.	3	287,535.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			40,011.	9	70,112.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		136,926.			
	b	Less: accumulated depreciation	10b	92,880.	19,721.	10c	44,046.
	11	Investments - publicly traded securities			8,704,238.	11	8,767,441.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	292,149.	15	501,316.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	11,867,357.	16	12,702,112.
	17	Accounts payable and accrued expenses			378,149.	17	580,704.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs	_				
ia de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	~				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	_		267 060
		of Schedule D			0.		267,960.
	26			▼	378,149.	26	848,664.
ဟ္		Organizations that follow FASB ASC 958, che	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			10,711,438.	0=	11 /02 //0
<u>a</u>	27				777,770.	27	11,483,448.
Ã	28	Net assets with donor restrictions			111,110•	28	370,000.
ڃ		Organizations that do not follow FASB ASC 9	58, cne	eck nere			
P		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
)t A	31	Retained earnings, endowment, accumulated in			11,489,208.	31	11 052 110
ž	32	Total net assets or fund balances			11,867,357.	32	11,853,448.
-	33	Total liabilities and net assets/fund balances			11,007,337.	33	12,702,112.

Form	1 990 (2022) ACCOUNTABILITY, INC.	45	-263	7507	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	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	1	1,02	5,2	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	2,23	6,6	43.
3	Revenue less expenses. Subtract line 2 from line 1	3		L,78	8,6	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1:	L,48	9,2	08.
5	Net unrealized gains (losses) on investments	5	-:	L,42	4,4	00.
6	Donated services and use of facilities	6				
7	Investment expenses	7		4		
8	Prior period adjustments	8		A (
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	1:	L,85	3,4	48.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					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	Ο.				
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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (Э.			
За	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

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

Form 990 (2022)

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

FOUNDATION FOR GOVERNMENT

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

ACCOUNTABILITY 45-2637507 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

orm 990) 2022 ACCOUNTABILITY, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (e) 2022 Calendar year (or fiscal year beginning in) (c) 2020 (d) 2021 (a) 2018 **(b)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 9949438.10476222.13013778.13870584.56658556. include any "unusual grants.") 9348534. 2 Tax revenues levied for the organization'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 9949438.10476222.13013778.13870584.56658556. 9348534. 4 Total. Add lines 1 through 3 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) 34203152. 22455404. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(d)</u> 2021 (a) 2018 **(b)** 2019 Calendar year (or fiscal year beginning in) (c) 2020 (e) 2022 (f) Total 9949438.10476222.13013778.13870584.56658556. 9348534 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 116,004. 133,344. 138,516. 219,874. 74,763. 682,501. and income from similar sources 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 1,319 244. assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 39.16 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % $41.\overline{12}$ 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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 organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support	elow, please comp	lete i ait ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						6
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	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 fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box at	=	-				
١	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	лт иш пот спеск а г	DUX UH IIITIE 14, 19	a, or 190, check th	iis dux aiiu see ins	นนบนบาร	

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.)

	1		
		Yes	No
	1 4		
	2		
	3a		
	3b		
	3c		
	_		
	4a		
	4h		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
lule	A (Forn	n 990)	2022

Par	t IV Suppo	orting Organizations (continued)			
				Yes	No
11	Has the organiz	zation accepted a gift or contribution from any of the following persons?			
	_	directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	governing body of a supported organization?	11a		
	•	er of a person described on line 11a above?	11b		
	•	ed 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		
Sect	ion B. Type	I Supporting Organizations	110		
	71			Yes	No
1	Did the governi	ng body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		d organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		stees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	, ,	ated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		escribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	-	ation operate for the benefit of any supported organization other than the supported			
		that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	oviding such benefit carried out the purposes of the supported organization(s) that operated,			
Soot	supervised, or o	controlled the supporting organization. II Supporting Organizations	2		
Seci	ion o. Type	ii Supporting Organizations		1	
				Yes	No
		of the organization's directors or trustees during the tax year also a majority of the directors			
		ach of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management	t of the supporting organization was vested in the same persons that controlled or managed			
C1	the supported of	organization(s).	1		
Seci	ion D. All Ty	vpe III Supporting Organizations			
				Yes	No
	-	ation provide to each of its supported organizations, by the last day of the fifth month of the			
		ax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e 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			
	•	maintained a close and continuous working relationship with the supported organization(s).	2		
		e relationship described on line 2, above, did the organization's supported organizations have a			
		e in the organization's investment policies and in directing the use of the organization's			
		ts at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	supported orga	nizations played in this regard. III Functionally Integrated Supporting Organizations	3		
		next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a		nization satisfied the Activities Test. Complete line 2 below.			
b		nization is the parent of each of its supported organizations. Complete line 3 below.			
С		nization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
		Answer lines 2a and 2b below.		Yes	No
		ly all of the organization's activities during the tax year directly further the exempt purposes of			
		organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ed organizations and explain how these activities directly furthered their exempt purposes,			
	how the organiz	zation was responsive to those supported organizations, and how the organization determined	_		
		ities constituted substantially all of its activities.	2a		
		es described on line 2a, above, constitute activities that, but for the organization's involvement,			
		the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		sons for the organization's position that its supported organization(s) would have engaged in			
		but for the organization's involvement.	2b		
		orted Organizations. Answer lines 3a and 3b below.			
	-	ation have the power to regularly appoint or elect a majority of the officers, directors, or			
		h of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	-	ation exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported	d organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

FOUNDATION FOR GOVERNMENT

Schedule A (Form 990) 2022

ACCOUNTABILITY, INC. 45-2637507 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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		
Secti	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		
Secti	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-functionally i	ntegra	ted Type III supporting organ	nization (see

Schedule A (Form 990) 2022

instructions).

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, 45-2637507 Page 7 INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e 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: **a** Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c 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. Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2022

a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

FOUNDATION FOR GOVERNMENT

45-2637507 Page 8 ACCOUNTABILITY, INC. Schedule A (Form 990) 2022

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

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

FOUNDATION FOR GOVERNMENT

ACCOUNTABILITY, INC.

Organization type (check one):

Employer identification number

45-2637507

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if y	our organization is	covered by the General Rule or a Special Rule.
Note: On	ly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General I	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
:	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	-	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
İ	literary, or educatior	nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
;	year, contributions e is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$
answer "N	No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization
FOUNDATION FOR GOVERNMENT
ACCOUNTABILITY, INC.

Employer identification number

45-2637507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$ 3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR GOVERNMENT
ACCOUNTABILITY, INC.

Employer identification number

45-2637507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		s 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,000,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR GOVERNMENT
ACCOUNTABILITY, INC.

Employer identification number

45-2637507

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	70,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, INC. 45-2637507 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

Section	501(c)(4), (5), or (6) organizat	tions: Complete Part III.				
Name of or		ION FOR GOVERNMEN	1T	Empl	loyer identification n	umber
	ACCOUNT	ABILITY, INC.			45-2637507	7
Part I-A	Complete if the org	janization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.	
	•	cation's direct and indirect politica				
	al campaign activity expendit					
3 Volunt	eer hours for political campa	gn activities				
Part I-B	Complete if the org	janization is exempt unde	er section 501(c)(3	3).		
		incurred by the organization und				
		incurred by organization manage				
3 If the	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes	No
4a Was a	correction made?				Yes	No
_	s," describe in Part IV.					
Part I-C	Complete if the org	janization is exempt unde	er section 501(c),	except section 501(c	9(3).	
1 Enter	the amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities \$		
2 Enter	the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ction 527		
exemp	ot function activities			\$		
		s. Add lines 1 and 2. Enter here ar				
line 17	'b			\$		
4 Did th	e filing organization file Form	1120-POL for this year?			Yes	No
	·	nployer identification number (EIN		•		n
	. ,	tion listed, enter the amount paid			•	
	•	omptly and directly delivered to a		•	e segregated fund or a	a
politic	al action committee (PAC). If	additional space is needed, provi	de information in Part I	V.	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of pol contributions receive promptly and dire delivered to a sep- political organizat If none, enter -0	ed and ectly arate tion.
\bigvee						

FOUNDATION FOR GOVERNMENT

Schedule C (Form 990) 2022

ACCOUNTABILITY TNC 45-2637507 Page 2

	art II-A Complete if the org	anization is exem	npt under section	501(c)(3) and file		ction under
	section 501(h)). Check if the filing organiza	tion bolonge to an affil	isted group (and list in	Dort IV each affiliated	group member's name	addraga EIN
A		re of excess lobbying e		Part IV each anniated	group member's name	e, address, EIN,
B	Check if the filing organiza	ition checked box A an	d "limited control" pro	visions apply.		
		ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			
	b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		88,619.	
	c Total lobbying expenditures (add li	nes 1a and 1b)			88,619.	
	d Other exempt purpose expenditure	es			13,302,702.	
	e Total exempt purpose expenditure				13,391,321.	
	f Lobbying nontaxable amount. Enter		following table in both	n columns.	819,566.	
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable amo	ount is:		
	Not over \$500,000		he amount on line 1e.	•		
	Over \$500,000 but not over \$1,000		0 plus 15% of the exce			
	Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
	Over \$1,500,000 but not over \$17,		\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,0	000.			
_	g Grassroots nontaxable amount (en	tor 25% of line 1f			204,892.	
	h Subtract line 1g from line 1a. If zer	,			0.	
	i Subtract line 1f from line 1c. If zero	laaa			0.	
	j If there is an amount other than ze					
	reporting section 4911 tax for this	•				Yes No
			raging Period Under		_	
	(Some organizations t		01(h) election do not hate instructions for lin		of the five columns be	low.
		Lobbying Exper	ditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
	a Lobbying nontaxable amount	575,673.	576,079.	695,976.	819,566.	2,667,294.
_	b Lobbying ceiling amount (150% of line 2a, column(e))					4,000,941.
_	c Total lobbying expenditures	132,517.	73,036.	86,457.	88,619.	380,629.
	d Grassroots nontaxable amount	143,918.	144,020.	173,994.	204,892.	666,824.
	e Grassroots ceiling amount					1 000 005
	(150% of line 2d, column (e))					1,000,236.
	f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 ACCOUNTABILITY, INC. 45-26375 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)).

Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from las	th	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if tile Form 4720 for this year? ITIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ITIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year a Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amoun		e lobbying activity.	Yes	No	Amo	ount
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, INC.

Employer identification number 45-2637507

Pal	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		mimai i unu	Complete if the
		(a) Donor advise	ed funds	(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 he	eld in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes \ N
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	ant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for ar	y other purpos	e conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Ye	s" 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, recreat	tion or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	ution in the for	
	day of the tax year.			Held at the End of the Tax Ye
а				
b				
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			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the	ne organization during the tax
	year			
4	Number of states where property subject to conservation eas	_		_
5	Does the organization have a written policy regarding the per	3 . 1	tion, handling o	
	violations, and enforcement of the conservation easements it			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conserv	ation easements during the year
_				24.747/27/0
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's	financial stater	ments that describes the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Tre	asures or C	Other Similar Assets
	Complete if the organization answered "Yes" on Form		uou. 00, 0. 0	
12	If the organization elected, as permitted under FASB ASC 956		anua statement	and halance sheet works
Ia	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 956			
,	art, historical treasures, or other similar assets held for public	· ·		
		exhibition, education, o	i researcii iii iui	therance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			¢
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
~	the following amounts required to be reported under FASB A			iai gairi, provide
•	•			\$
a h	Revenue included on Form 990, Part VIII, line 1			\$

ule D (Form 990) 2022	ACCOUNTABILITY,	INC.

		ABILITY, I				637507 Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tre	asures, or Oth	ner Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the t	following that make	e significant use of it	s
	collection items (check all that apply):					
а	Public exhibition	C	d Loan or exc	hange program		
b	Scholarly research	6	e Other			
С	Preservation for future generations					
4	Provide a description of the organization's continuous	ollections and explain	n how they further th	ne organization's ex	xempt purpose in Pa	art XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical treas	sures, or other sim	ilar assets	
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form 990, Part I	V, line 9, or
		·	Para familia a la Alba Abara		and the all controls of	4 1 7
па	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			Amount
						Amount
С.	Beginning balance					
d	Additions during the year					
e	Distributions during the year					
t O-	Ending balance					
	Did the organization include an amount on F					Yes No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete					
	2 I Zindo William Complete	(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four years back
4.	Designing of year balance	(a) Current year	(b) Thorycal	(C) Two years back	(a) Tilled years bac	C) Tour yours buck
1a	Beginning of year balance		X			
b	Contributions					
C	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
g	End of year balance	rent veer and balance	o (line 1 a polymen (e)) bold oo:		
2	Provide the estimated percentage of the cur Board designated or quasi-endowment		e (line 1g, column (a)) rieid as.		
a	Permanent endowment	%	70			
b	Term endowment	%				
С	The percentages on lines 2a, 2b, and 2c sho					
20	Are there endowment funds not in the posses		ation that are hold ar	nd administered for	r tho	
Ja	organization by:	sssion of the organiza	ation that are neid ar	id administered for	uie	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R2			3b
4	Describe in Part XIII the intended uses of the					00
	t VI Land, Buildings, and Equipm		Willett fallas.			
	Complete if the organization answere		0, Part IV, line 11a. S	see Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o	· i	í) Accumulated	(d) Book value
	becomplien of property	basis (investr	, , , , , ,		depreciation	(a) Book value
	Land	`	,	. ,		
	Buildings					
	Leasehold improvements					
	Equipment		12	3,499.	79,453.	44,046.
	Other			3,427.	13,427.	0.
	Add lines 1a through 1e. (Column (d) must o				,	44.046.

ACCOUNTABILITY,	INC.
11000011111212111,	

(1) Financia (2) Closely h (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of ion of security or category (including name of security). Il derivatives sheld equity interests sheld equity interests sheld equity interests. Investments - Program Related. Complete if the organization answered "Yes" of (a) Description of investment sheld equity interest sheld equity interests. Other Assets. Complete if the organization answered "Yes" of the c	(b) Book value on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(2) Closely P (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) (1) (2) (3) (4) (4)	neld equity interests n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (a) Description of investment n) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) Closely P (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) (1) (2) (3) (4) (4)	neld equity interests n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (a) Description of investment n) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) (1) (2) (3) (4) (4) (5)	n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" ((a) Description of investment O) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (4) (5)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (5)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	(a) Description of investment b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	(a) Description of investment b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	n) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(4) (5) (6) (7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(5) (6) (7) (8) (9) Total. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(7) (8) (9) Total. (Col. (b) Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(8) (9) Total. (Col. (b Part IX) (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	
(9) Total. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	1110 5 000 B 1V 5 15
(1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	111.0 5 000 P 1V I 15
(1) (2) (3) (4)	Other Assets.	on Form 990, Part IV, line	111.0 5 000 B 177 F 15
(1) (2) (3) (4)		on Form 990, Part IV, line	14 LO E 200 B LV II 45
(2) (3) (4)			e 11d. See Form 990. Part X. line 15.
(2) (3) (4)	(a)	Description	(b) Book value
(2) (3) (4)	(4)	2000,000	(2) 2001. Value
(3) (4)			
(4)			
(3)			
(6)			
(7)			
(8)			
(9)	(h)	. 45 \	
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.
1.	(a) Description of liability		(b) Book value
	eral income taxes		
	ERATING LEASE LIABILITY		267,96
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
		. 05.)	267,96
	man (la) mount agual Farma 2000 Bart V and (D) "	40.1	207,30
organiza	mn (b) must equal Form 990, Part X, col. (B) line		to the organization's financial statements that reports the

ACCOUNTABILITY, INC.

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. 13,755,561. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 424,400 2a 105,420. Donated services and use of facilities 2b Recoveries of prior year grants 2c 1,049,258 Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 13,391,321. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 105,420. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses 1,049,258 Other (Describe in Part XIII.) 1,154,678. 2e Add lines 2a through 2d 12,236,643. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: SHARED SERVICES REIMBURSEMENTS 1,049,258. PART XII, LINE 2D - OTHER ADJUSTMENTS: SHARED SERVICES REIMBURSEMENTS 1,049,258. PART X, LINE 2 MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION'S FINANCIAL STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSTIONS.

FOUNDATION FOR GOVERNMENT

Schedule D (Form 990) 2022 Part XIII Supplemental In	ACCOUNTABILITY,	INC.	45-2637507 Page 5
Part XIII Supplemental In	formation _(continued)		
		*	
		7/1	
	5		
•			
	,		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY INC.

Questions Regarding Compensation

Employer identification number 45-2637507

			Yes	No
1 a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a	77	_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 11 or 504(-)(0) 504(-)(4) and 504(-)(00) are already as a small to 11 or 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	Eo.		Х
a	The organization?	5a Eh		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•	The constitution 0	6a		х
a h		6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9				
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TARREN BRAGDON	(i)	324,700.	118,739.	0.	19,200.	1,105.	463,744.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN BECHTLE	(i)	290,500.	40,000.	0.	18,270.	11,509.	360,279.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN INGRAM	(i)	290,188.	0.	0.	14,273.	924.	305,385.	0.
	(ii)	0.	0.	•	0.	0.	0.	0.
(4) ROBIN WALKER	(i)	276,639.	0.	0.	10,441.	924.	288,004.	0.
	ii)	0.	0.	0	0.	0.	0.	0.
(5) KATHERINE RODGERS	(i)	252,046.	10,000.	0.	15,471.	384.	277,901.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAMUEL ADOLPHSEN	(i)	224,646.	0.	0.	12,981.	2,029.	239,656.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICHOLAS STEHLE	(i)	205,500.	500.	0	10,270.	11,509.	227,779.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
((ii)							
	(i)							
	(ii)							
	(i)							
(ii)							
	(i)							
(ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i) (ii)							
	(i)							
	ii)							
	(i)							
	ii)							

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.
PART I, LINE 4B:
TARREN BRAGDON \$28,000
PART 1, LINE 4B: SECTION 457(F) PLAN
TARREN BRAGDON, THE CEO, RECEIVED \$28,000 IN EMPLOYER CONTRIBUTIONS FOR
THIS PLAN.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, INC.

Employer identification number 45-2637507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRANSPARENCY, THE FREE MARKET, INDIVIDUAL FREEDOM, AND LIMITED CONSTITUTIONAL GOVERNMENT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER \$ EXPENSES \$ 1,511,677. INCLUDING GRANTS OF \$ 0. REVENUE 0. FORM 990, PART VI, SECTION B, LINE 11B: EACH MEMBER OF THE GOVERNING BODY RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ENFORCED BY EACH OFFICER AND DIRECTOR COMPLETING A CONFLICT OF INTEREST DISCLOSURE FORM IN THEIR FIRST YEAR OF SERVICE. ANNUALLY, THEY ARE THEN ASKED IN A RECORDED MEETING WHETHER ANY NEW DISCLOSURES NEED TO BE MADE. FORM 990, PART VI, SECTION B, LINE 15A: COMMITTEE OF THE BOARD MEETS AT THE START OF EACH FISCAL YEAR TO REVIEW A SALARY SURVEY OF SIMILAR POSITIONS AND SIMILAR SIZED ORGANIZATIONS WITHIN THE INDUSTRY IN DETERMINING THE CEO SALARY. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CT, FL, GA, IL, NJ, NY, NC, VA, WA, WI, CA, MN

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization FOUNDATION FOR GOVERNMENT ACCOUNTABILITY, INC.	Employer identification number 45-2637507
FORM 990, PART VI, SECTION C, LINE 19:	
ALL FOUNDATION DOCUMENTS AND FINANCIAL RECORDS ARE MAINTAI	NED AT THE
CORPORATE OFFICE. FORMS 1023 AND 990 ARE AVAILABLE FOR PUB	BLIC INSPECTION
UPON REQUEST.	
	())
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	3,094,855.
MANAGEMENT AND GENERAL EXPENSES	70,597.
FUNDRAISING EXPENSES	52,025.
TOTAL EXPENSES	3,217,477.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,217,477.
SCHEDULE B, PART I	
THE ORGANIZATION DECLINES TO PROVIDE SPECIFIC IDENTIFYING	INFORMATION
ON ITS DONORS ON THE GROUNDS THAT SUCH DISCLOSURE MAY CHIL	L THE DONORS'
FIRST AMENDMENT RIGHT TO ASSOCIATE IN PRIVATE WITH THE ORG	ANIZATION.
NAAP V. ALABAMA, 357 U.S. 449 (1958); INTERNATIONAL UNION	UAW V.
NATIONAL RIGHT TO WORK, 590 F. 2D 1139, 1152 (D.C. CIR. 19	78). WHILE
OTHER REQUIRED INFORMATION IS BEING PROVIDED ON THE SCHEDU	LE B, ACTUAL
IDENTITIES HAVE BEEN PROTECTED BY ASSIGNING A NUMBER TO EA	CH DONOR
LISTED.	