efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492121009629 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization American Governance Foundation Inc ☐ Address change 82-3895681 ☐ Name change % Wolf W Tivy E Telephone number ☐ Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite 248 3rd street Ste 470 ☐ Final return/terminated (510) 556-9971 ☐ Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption ☐ Application pending Oakland, CA 94607 Number Check ▶ □ if the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶agfdn org J Tax-exempt status (check only one) - ☑ 501(c)(3) 🞾 🗆 501(c)() ◀ (insert no) 🗆 4947(a)(1) or 🗖 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 154,036 2 Program service revenue including government fees and contracts . . 2 3 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory . . . b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 50 C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 8 Other revenue (describe in Schedule O) 8 9 9 154,036 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . 13 Professional fees and other payments to independent contractors 13 12,409 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping 15 16 16 Other expenses (describe in Schedule O) 17 17 **Total expenses.** Add lines 10 through 16 12,409 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 141.627 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 141.627 21

Cat No 10642I

Form 990-EZ (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

-orm 990-E2 (2018)					Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule					
Check if the organization used Schedule	O to respond to any q		Beginning of year	_	□ (B) End of year
22 Cash, savings, and investments				22	141,627
23 Land and buildings			(23	0
24 Other assets (describe in Schedule O)			(24	0
25 Total assets			(141,627
26 Total liabilities (describe in Schedule O)				26	0
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>			27 	141,627
Check if the organization used Schedule	•	•	•	(Req	Expenses uired for section 501(c)
What is the organization's primary exempt purpose?	· · ·				ind 501(c)(4) nizations, optional for
Educational Describe the organization's program service accomplis measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service			othe	
28 See Additional Data Table					
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. ▶ □	28a	
29		,		29a	
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. ▶ □		
30				30a	
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. ▶ □		
31 Other program services (describe in Schedule O)					
(Grants \$) If this amoun	t ıncludes foreıgn gran	ts, check here	. ▶ 🗆	31a	
32 Total program service expenses (add lines 28a					12,000
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule					
-					
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compe	mployee and	(e) Estimated amount of other compensation
WOLF W TIVY	20 00	0		0	0
President					
JONAH H BENNETT	5 000	0		0	0
SecretaryTreasurer					
ZACHARY LERANGIS	1 000	0		0	0
Director					
MIGUEL E MOREL	1 000	0		0	0
Divastor					
Director					
			<u> </u>		

01111	330 12 (2010)			raye
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	<u> ⊔</u>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36		36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		110
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			-110
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a				
The	e organization's books are in care of ▶ <u>JONAH H BENNETT</u> Telephone no ▶	(571)	276-1156	5
	Located at ▶ 2610 Parker Street Berkeley , CA ZIP + 4 ▶	94704		
		1		
L	At any time during the calendar year did the averageation have an interest in ay a countries or other authority ever a		Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
_	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	444		N-
1F-	explanation in Schedule O	44d		No
		45a		No
430	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

4.5		18)						Page
							Yes	No
	candidates	panization engage, directly or indire for public office? If "Yes," complet				46		
Par		ction 501(c)(3) organizatio section 501(c)(3) organization	=	ons 47- 49b and !	52, and complete the t	ables for I	nes 50) and
		ck if the organization used Schedu	e O to respond to any q	uestion in this Part \	/I			
							Yes	No
		janization engage in lobbying activi implete Schedule C, Part II		01(h) election in effe		. 47		
48	Is the orga	nization a school as described in se	ection 170(b)(1)(A)(ii)? I	f "Yes," complete So	thedule E .	. 48		
49a	Did the org	anization make any transfers to ar	exempt non-charitable	related organization	,	. 49a		No
b	If "Yes," w	as the related organization a sectio	n 527 organization? .			. 49b		No
		his table for the organization's five eceived more than \$100,000 of co				es and key	employ	ees)
		e and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits contributions to emplo	yee of othe	timated er comp	
NONE								
f 51	Complete t	nber of other employees paid over his table for the organization's five	highest compensated in	dependent contracto	ors who each received mo	re than \$10	0,000 o	 f
		ion from the organization. If there	·		(h) T f	(-) (-	
		(a) Name and business address of	each independent contra	actor	(b) Type of service	(c) Comp	ensation	<u>1</u>
NONE								
								_
d	Total nun	nber of other independent contract	ors each receiving over S	\$100,000	•			
52		organization complete Schedule A?				. ► ∨ γ ₆	П.	
	•					<u>▼ 16</u>		
nowl	penalties o edge and bo ny knowledo	of perjury, I declare that I have exa elief, it is true, correct, and comple ge	mined this return, include tell Declaration of prepai	ding accompanying s rer (other than office	chedules and statements, er) is based on all informat	and to the tion of whic	best of h prepa	my rer
					2019-05-01			
Sign	- 1'	nature of officer			Date			
Here	1	LF W TIVY President be or print name and title						
		Print/Type preparer's name	Preparer's signature	Da	te Check I if	IN		
Paid		Erm's name			self-employed			
	oarer Only	Firm's name			Firm's EIN ▶			
-	~111V	Firm's address ▶			Phone no			
	- •							

Additional Data

Software ID: 18007411

Software Version: ta18mefv1.0

EIN: 82-3895681

Name: American Governance Foundation Inc.

Expenses

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organiza services, as measured number of persons be	` (c	quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)	
28 Launched Palladium	Magazine to report our research on governance	28a	12,000
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacksquare$		

efile	e GRA	APHIC prii	nt - DO NOT PI	ROCESS	As Filed Data -			DLN: 9	3492121009629
SCHEDULE A (Form 990 or Cor 990EZ)				te if the or	Charity Statu ganization is a sect 4947(a)(1) nonexe • Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2018
•		the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
lam	of th	ne organiza vernance Found						Employer identific	ation number
	un 001							82-3895681	
Pa					is (All organization			See instructions.	
	rganız		•		it is (For lines 1 thro	•			
1	Ш	,			sociation of churches			(A)(I).	
2		A school de	scribed in sectio i	n 170(b)(1	l)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative h	ospital serv	ice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		ion operate	d in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Complete P	art II)	-			ernmental unit descri	bed in section 170
6		•			governmental unit de				
7		section 17	'0(b)(1)(A)(vi).	(Complete	Part II)			init or from the gener	al public described in
8		A communi	ty trust described	ın section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) e instructions Enter			with a land-grant coll college or university	ege or university or a
0	✓	from activit	ies related to its	exempt fund lated busine	ctions—subject to ceress taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	pport from gross
1		An organiza	ation organized ar	nd operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more public	ly supported orga	anızatıons d		09(a)(1) or se	ction 509(a)(2	s of, or to carry out th). See section 509(a 12e 12f and 12g	
а		Type I. A sorganization	supporting organiz	zation opera regularly a	ited, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organ	ızatıon supe ng organıza	tion vested in the sar			organization(s), by ha ge the supported orga	
С		Type III f	unctionally integ	grated. A s				nd functionally integra	ted with, its
d		functionally	integrated The o	organization		fy a distribution	requirement and	th its supported orgar an attentiveness req	
e							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-fi of supported org		integrated supporting	organization			
g					pported organization(s)			
		lame of support	oorted (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
otal									I

supported organization

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	ıls to qualıfy un	der the tests lis	ted below, pleas	se complete Part	III.)		
S	ection A. Public Support							
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2010	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(6) 2016	(d) 2017	(e) 2	.010	(I) Iotai
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grant ")							
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							
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)							
6	Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support	T		_	, ,			
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2	018	(f)Total
	(or fiscal year beginning in) ▶	. ,	` '	\ \ \ \ \	\ \ \ \ \			. ,
7								
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets							
	(Explain in Part VI)							
11								
	10 Gross receipts from related activities, e	to (coo instructio	nc\			145		
						12		
13	First five years. If the Form 990 is for	the organization	's first, second, th	urd, fourth, or fifth	n tax year as a sect	ion 501(c)(3) org	anızatıon,
	check this box and stop here						▶ [
5	ection C. Computation of Public							
	Public support percentage for 2018 (line			column (f))		14		
	Public support percentage for 2017 Sch		•	column (17)		15		
					4.4 22		1 11	1
16a	33 1/3% support test—2018. If the	_			ie 14 is 33 1/3% or	more, cr	ieck this	
	and stop here. The organization qualif							▶ □
b	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 1/	'3% or m	ore, chec	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganızatıon				▶ □
17:	10%-facts-and-circumstances test-	-2018. If the ord	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line	14	
	is 10% or more, and if the organization							
	in Part VI how the organization meets t	he "facts-and-circ	cumstances" test	The organization	qualifies as a public	cly suppo	rted	
	organization							▶□
1.	10%-facts-and-circumstances test	-2017. If the or	nanization did no	ticheck a boy on li	ine 13 16= 16h o	r 17a ar	id line	
0	15 is 10% or more, and if the organiza						4 IIIIC	
	Explain in Part VI how the organization						sly	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

ightharpoons

Sche	dule A (Form 990 or 990-EZ) 2018						Page 3
P	art III Support Schedule for	Organization	s Described in	Section 509(a)(2)		
	(Complete only if you ch						Part II. If
	the organization fails to	qualify under t	the tests listed	oelow, please c	omplete Part II.	.)	
Se	ection A. Public Support		Г		1		
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not					154,036	154,036
	include any "unusual grants")					<u> </u>	,
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are					+	
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization'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					154,036	154,036
_	Amounts included on lines 1, 2, and					154,050	154,030
/ a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year					 	
	Add lines 7a and 7b					 	
8	Public support. (Subtract line 7c from line 6)						154,036
	ection B. Total Support						
36			ı				
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9						154,036	154,036
9 10a	Gross income from interest,					134,030	157,030
TUA	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						

_		
10a	Gross income from interest,	
	dividends, payments received on	
	securities loans, rents, royalties and	

	aiviacias, payments received of
	securities loans, rents, royalties
	income from similar sources
Ь	Unrelated business taxable incoi
	(less section 511 taxes) from
	businesses acquired after June 3
	1975

regularly carried on

(Explain in Part VI)

11, and 12)

13

14

15

16

17

20

Other income Do not include gain or loss from the sale of capital assets

Total support. (Add lines 9, 10c,

check this box and stop here

securities loans, rents, royalties	, 411
income from similar sources	
Unrelated business taxable inco	me
(less section 511 taxes) from	
businesses acquired after June	30,
1975	
Add lines 10a and 10b	

- Net income from unrelated business activities not included in line 10b, whether or not the business is

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

- 154,036 First five 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,
 - 154,036
 - - ▶ ☑

0 %

15

16

17

18

- not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-F7) 2018

Schedule A (Form 990 or 990-EZ) 2018

organization's organizing document?

provide detail in Part VI.

answer line 10b below

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Page 4

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
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.			
		1		

_	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	1		
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			
	ın section 509(a)(1) or (2)	2	·	

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)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	За	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

		_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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	3b	
С	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		

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	3b	
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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
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	4b	
С	Supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections.		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
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	4b	-
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		
 b Did the organization organization of the organization of the organization of the formal organization of the formal organization of the organization of the	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a	

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	Int IV Supporting Organizations (continued)		· ·	
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization			
S	ection C. Type II Supporting Organizations		1	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	ection D. All Type III Supporting Organizations			
	ection D. All Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_		_		
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ione)		
	The organization satisfied the Activities Test. Complete line 2 below	ions		
	b			
		. m. m. h. v. v.	-tn-\	
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 t-		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	 b Did the organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 			
	Tappe to the distribution of the second of the second of the organization in this regard	3b	1	

Page 6

Schedule A (Form 990 or 990-F7) 2018

	Section 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		
	Section 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			

7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section 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)	1		
a	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 1-1/2% of line 3 (for greater amount, see	_		

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) (2018)

9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distribut Amount for
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 5 4			

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. **d** Excess from 2017. e Excess from 2018.

See instructions

31 and 4c 8 Breakdown of line 7

Additional Data

Return Reference

Software ID: 18007411 **Software Version:** ta18mefv1.0

EIN: 82-3895681

Name: American Governance Foundation Inc.

Explanation

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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 Facts And Circumstances Test

990EZ

Short Form Return of Organization Exempt From Income Tax

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

1150

OMB No. 1545

Open to Public

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Do not enter social security numbers on this form as it may be made public. **Inspection** Internal Revenue For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 Check if applicable: C Name of organization D Employer identification Address change AMERICAN GOVERNANCE FOUNDATION INC number Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 82-3895681 Initial return 248 3RD STREET E Telephone number Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607 Application pending F Group Exemption Number H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ▶PALLADIUMMAG.COM J Tax-exempt status (check only one) 501(c)(3) 501(c)() ◀ (insert no.) K Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 82,829 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 82,829 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events • 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7b 0 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) . . . 8 82,829 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 11 12 69,697 12 Salaries, other compensation, and employee benefits 13 5,928 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 14 15 15 5,128 Printing, publications, postage, and shipping 16 16 5,186 Other expenses (describe in Schedule O) 85,939 17 **Total expenses.** Add lines 10 through 16 17 18 18 -3,110 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with Vet Asser 141,627 end-of-year figure reported on prior year's return). 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 138,517 21 Net assets or fund balances at end of year. Combine lines 18 through 20

10642I

Form **990-EZ** (2019)

No.

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Form	n 990-EZ (2019)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem	ents i	n the	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	٧		· 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νο
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
Tou	section 4911 0; section 4912 0; section 4955 0			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
J	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Νo
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacksquare 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	. ,	none no	o. ▶	
42a	(240) 453-1027 Located at 2200 COLUMBIA PIKE ARLINGTON , VA ZIP + 4	> 222	0.4	
	2000000 000 0000 0000000000000000000000			
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		No
	account)?			
	If "Yes," enter the name of the foreign country: •			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Νo
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			

38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 0; section 4912 0; section 4955 0			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Νο
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40 e		No
	List the states with which a copy of this return is filed.		b.	
42-	The organization's books are in care of DOHN DOLL Teleph	none no	o. ►	
42-	The organization's books are in care of DOHN DOLL Telepi			
42-	The organization's books are in care of ▶ JOHN DOLL Telepi (240) 453-1027			
42-	The organization's books are in care of ▶ JOHN DOLL Telepi (240) 453-1027			No
42a	The organization's books are in care of 10HN DOLL Telepi (240) 453-1027 Located at 1 2200 COLUMBIA PIKE ARLINGTON , VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		04	No No
42a	The organization's books are in care of 10HN DOLL Telepi (240) 453-1027 Located at 1 2200 COLUMBIA PIKE ARLINGTON , VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	222	04	
42a	The organization's books are in care of DOHN DOLL (240) 453-1027 Located at 2200 COLUMBIA PIKE ARLINGTON, VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Descriptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	222	04	
42a b	The organization's books are in care of DOHN DOLL (240) 453-1027 Located at 2200 COLUMBIA PIKE ARLINGTON, VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Descriptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Descriptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	04	No
42a b	The organization's books are in care of DOHN DOLL (240) 453-1027 Located at 2200 COLUMBIA PIKE ARLINGTON, VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Descriptions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Description of Form 1041 - Check here are called the U.S.?	42b	04	No
42a b	The organization's books are in care of DOHN DOLL (240) 453-1027 Located at 2200 COLUMBIA PIKE ARLINGTON, VA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Descriptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Descriptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	04	No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed ins

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

c Did the organization receive any payments for indoor tanning services during the year?

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

of Form 990-EZ

Form **990-EZ** (2019)

Νo

Νo

Νo

Νo

44a

44b

44c

44d

45a

45b

	(2019)						Page
						Yes	No
	rganization engage, directly or indi			half of or in oppositior			
Part VI Se	ection 501(c)(3) Organizatio	ons Only			46		No
	section 501(c)(3) organization d 51.	is must answer que	estions 4/- 49b and	1 52, and complete	the tables	for lin	1
Ch	eck if the organization used Schedu	ile O to respond to ar	ny question in this Par	t VI	<u></u>		. No
	organization engage in lobbying acti complete Schedule C, Part II	vities or have a section	on 501(h) election in 6	effect during the tax y	ear? 47		No
8 Is the or	ganization a school as described in	section 170(b)(1)(A)	(ii)? If "Yes," complet	te Schedule E .	. 48		Νo
9a Did the o	Did the organization make any transfers to an exempt non-charitable related organization?			. 49a		Νo	
b If "Yes,"	If "Yes," was the related organization a section 527 organization?			49b			
	Complete this table for the organization's five highest compensated employees (other than officers, directors, tru employees) who each received more than \$100,000 of compensation from the organization. If there is none, ente						
(a) Nam	ne and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefit contributions to employee benefit pla and deferred compensation		timated of othe mpensa	er
ONE							
1 Complete	umber of other employees paid ove e this table for the organization's fiv	ve highest compensat		actors who each recei	ved more t	han \$10	 00,000
•	nsation from the organization. If the	·		(h) T of comile	(-) (
	nsation from the organization. If the	·		(b) Type of service	(c) Comp	ensatio	n
		·		(b) Type of service	(c) Comp	ensatio	n
		·		(b) Type of service	(c) Comp	ensatio	n
		·		(b) Type of service	(c) Comp	ensatio	n
		·		(b) Type of service	(c) Comp	ensatio	n
ONE		each independent con	tractor	(b) Type of service	(c) Comp	ensatio	n
d Total n	(a) Name and business address of e	ctors each receiving o	over \$100,000	s must attach a	>		n
d Total n 2 Did the completed of the co	(a) Name and business address of e	ctors each receiving of the control	over \$100,000	s must attach a	· ▶ ¥Yes	No to the	
d Total n 2 Did the complete st of my knowhich prepare	umber of other independent contracted organization complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a	· ▶ ¥Yes	No to the	
d Total n 2 Did the complete st of my knowhich preparence series and series se	umber of other independent contracted organization complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a	· ▶ ¥Yes	No to the	
d Total n 2 Did the complete st of my knowhich preparence series and series se	umber of other independent contracted organization complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a	• • Yes ments, and ed on all inf	No to the	
d Total n Did the complete st of my knowhich prepare gnere	umber of other independent contracted organization complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a	· ▶ ¥Yes	No to the	
d Total n 2 Did the complete st of my knowhich preparer gnere T aid reparer	umber of other independent contracted organization complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a g schedules and state ler than officer) is base 2021-08-13 Date Check I if P	• ► Yes ments, and ed on all inf	No to the	
d Total n 2 Did the comple st of my kno which prepare sign	umber of other independent contracts of each of the complete Schedule A eted Schedule A	ctors each receiving of the control	over \$100,000	s must attach a	TIIN 02379224	No to the	

Additional Data Return to Form **Software ID:** 19009923 Software Version: 2019v5.0

Special Condition Description

Form 990-EZ, Special Condition Description:

(Form 990 or 990EZ) Department of the Treasury

Name of the organization

AMERICAN GOVERNANCE FOUNDATION INC

SCHEDULE A

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.

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

OMB No. 1545-0047

Inspection **Employer identification number**

ons.

02 2005601

		182-3893881
Ρā	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruction
The	organi	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(i hospital's name, city, and state:
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit

ŀ	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.)

,		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).
7		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 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 university:
- An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross
- receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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).
- 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
- 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.

the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- 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). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of (vi) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (f) Total (d) 2018 (e) 2019 (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 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) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part VI.). . Total support. Add lines 7 through

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501

Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) d

Public support percentage for 2018 Schedule A, Part II, line 14

e 11, column (f))

	(c)(3)

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Т						

Schedule A (Form 990 or 990-EZ) 2019

cent	ay	C
livided	by	line

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. 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

h 10%-facts-and-circumstances test—2018. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

•	•	•	
			_
	14		

15

0

0

236,865

236,865

236,865

0

0 %

0 %

Schedule A (Form 990 or 990-EZ) 2019 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.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (or fiscal year beginning in) 1 Gifts, grants, contributions, and 154,036 82,829 membership fees received. (Do not

(f) Total 236,865 include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that

. Tax revenues levied for the organization'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

(a) 2015

6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than

are not an unrelated trade or business under section 513

disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support

Calendar year (or fiscal year beginning in) **9** Amounts from line 6. . .

Gross income from interest, dividends, payments received on securities loans, rents, royalties

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b.

and income from similar sources

Net income from unrelated business activities not included in 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.). .

16

17

Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2018 Schedule A, Part III, line 17

First five 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,

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

(b) 2016

(c) 2017

(d) 2018

154,036

154,036

15

17

Schedule A (Form 990 or 990-EZ) 2019

(e) 2019

82,829

82,829

(f) Total

Schedule A (Form 990 or 990-EZ) 2019

checked 12b of

12d of Part I, complete

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Page 4

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

Yes No 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. 1

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Section A. All Supporting Organizations

Did the organization have any supported organization that does not have an IRS determination of status under

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Sections A and D, and complete Part V.)

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 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.

made the determination.

and (c) below.

or supervised by or in connection with its supported organizations.

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

P	art IV Supporti	ng Organizations (continued)			
				Yes	No
11	1 Has the organizati	on accepted a gift or contribution from any of the following persons?			
ā		ctly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of	a supported organization?	11a		
t	b A family member of	of a person described in (a) above?	11b		
c	c A 35% controlled	entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
9	Section B. Type I	Supporting Organizations			
				Yes	No
1	appoint or elect at describe in Part V activities. If the org	trustees, or membership of one or more supported organizations have the power to regularly least a majority of the organization's directors or trustees at all times during the tax year? If "No," I how the supported organization(s) effectively operated, supervised, or controlled the organization's nanization had more than one supported organization, describe how the powers to appoint and/or remove is were allocated among the supported organizations and what conditions or restrictions, if any, applied ing the tax year.	1		
2	that operated, sup	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.		2		
5	Section C. Type I	I Supporting Organizations		ı	
				Yes	No
1		f the organization's directors or trustees during the tax year also a majority of the directors or			
trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported		1			
•		pe III Supporting Organizations			
	<u> </u>	se 111 supporting organizations		Yes	No
1	organization's tax year, (ii) a copy of	on provide to each of its supported organizations, by the last day of the fifth month of the year, (i) a written notice describing the type and amount of support provided during the prior tax the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the erning documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the or organization(s) or	rganization's officers, directors, or trustees either (i) appointed or elected by the supported (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the ained a close and continuous working relationship with the supported organization(s).	2		
3	in the organization during the tax yea	elationship described in (2), did the organization's supported organizations have a significant voice n's investment policies and in directing the use of the organization's income or assets at all times r? If "Yes," describe in Part VI the role the organization's supported organizations played in this	3		
		II Functionally-Integrated Supporting Organizations			
1	_	tt to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
	a The organiz	zation satisfied the Activities Test. Complete line 2 below.			
	b The organiz	ration is the parent of each of its supported organizations. Complete line 3 below.			
	c The organize instruction	ration supported a governmental entity. Describe in Part VI how you supported a government entity s)	(see		
2	Activities Test. A	nswer (a) and (b) below.		Ver	N-
	supported organiz supported organ organization was re constituted substa	all of the organization's activities during the tax year directly further the exempt purposes of the ation(s) to which the organization was responsive? If "Yes," then in Part VI identify those iizations and explain how these activities directly furthered their exempt purposes, how the esponsive to those supported organizations, and how the organization determined that these activities intially all of its activities.	2a	Yes	No
	organization's sup	described in (a) constitute activities that, but for the organization's involvement, one or more of the ported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the tion that its supported organization(s) would have engaged in these activities but for the organization's	2h		

Page **5**

Income tax imposed in prior year

instructions)

7

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Section A - Adjusted Net Income

1

(A) Prior Year

Page 6

(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		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 $1\text{-}1/2\%$ 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section D^{Or} อารูปาลิปาก

(continued)

Page 7

1	Amounts paid to supported organizations to accompl	ish exempt purposes	
2	Amounts paid to perform activity that directly further excess of income from activity	s exempt purposes of suppo	rted organizations, in
3	Administrative expenses paid to accomplish exempt	purposes of supported orgai	nizations
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval requ	ired)	
6	Other distributions (describe in Part VI). See instruc	tions	
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	sponsive (provide
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI		
	See instructions.		
	Excess distributions carryover, if any, to 2019:		
	From 2014		
	From 2015		
_	From 2016		
d			
	From 2017		
-	From 2017		
f	From 2017		

(iii) Distributable Amount for 2019

- 4 Distributions for 2019 from Section D, line 7: c Remainder. Subtract lines 4a and 4b from 4.
 - 2019, if any. Subtract lines 3g and 4a from line 2.
- See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
- If the amount is greater than zero, explain in $\boldsymbol{Part\ VI}$

5 Remaining underdistributions for years prior to

- 3j and 4c.

b Excess from 2016. . . . c Excess from 2017. . . d Excess from 2018. . . e Excess from 2019. . .

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

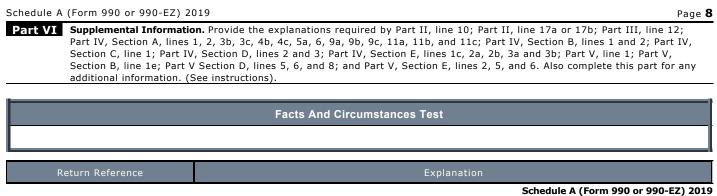
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount

instructions)

- 7 Excess distributions carryover to 2020. Add lines
- 8 Breakdown of line 7: a Excess from 2015. . .

- - Schedule A (Form 990 or 990-EZ) (2019)



SCHEDULE O (Form 990 or 990-EZ)

Expenses.1012

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.

2019 Open to Public

OMB No. 1545-0047

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

Department of the Treasury Namel Bevengeorganezation **Employer identifi** AMERICAN GOVERNANCE FOUNDATION INC. 82-3895681 Return **Explanation**

Inspection							
ication number							
	i						

Reference Other Office Expenses \$232 Expenses.1002 Other Information Technology \$299 Expenses.1003 Other Travel \$4484 Expenses.1005 Other Insurance \$171

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2019

990EZ

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Inspection Internal Revenue For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 Check if applicable: C Name of organization D Employer identification Address change AMERICAN GOVERNANCE FOUNDATION INC number Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 82-3895681 Initial return 248 3RD STREET E Telephone number Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607 Application pending F Group Exemption Number H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ▶PALLADIUMMAG.COM J Tax-exempt status (check only one) 501(c)(3) 501(c)() ◀ (insert no.) K Form of organization: ▼Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 57,764 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 57,764 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events • 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) . . . 8 57,764 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 11 12 132,044 12 Salaries, other compensation, and employee benefits 13 22,991 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 14 15 15 4,726 Printing, publications, postage, and shipping 16 16 6,315 Other expenses (describe in Schedule O) 166,076 17 **Total expenses.** Add lines 10 through 16 17 18 18 -108,312 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with Vet Asser 138,518 end-of-year figure reported on prior year's return). 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 30,206 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10642I For Paperwork Reduction Act Notice, see the separate instructions. No. Form **990-EZ** (2020) Cat

orm	990-EZ (2020)			Page			
Par	Other Information (Note the Schedule A and personal benefit contract statement requirement)	ents i	n the				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		$\cdot \sqcap$			
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.						
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide	35b					
С	an explanation in Schedule O was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N \cdot	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.						
b	Did the organization file Form 1120-POL for this year?	37b		Νo			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9 39a						
b	Gross receipts, included on line 9, for public use of club facilities 39b						
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 0 ; section 4912 0 ; section 4955 0						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958						
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization						
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No			
	.,	none no	o. ▶				
42a	(240) 453-1027	-	0.4				
	Located at 2200 COLUMBIA PIKE ARLINGTON , VA ZIP + 4	<u> 222</u>	04				
			Yes	No			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No			
	If "Yes," enter the name of the foreign country:						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Νo			
	If "Yes," enter the name of the foreign country:						
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶				
	and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>			1			
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed ins of Form 990-EZ	44a		Νο			
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete						

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an • •

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

c Did the organization receive any payments for indoor tanning services during the year?

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b

Νo

Νo

Νo

44b

44c

44d

Additional Data Return to Form **Software ID: 20011566** Software Version: 2020v4.0

Special Condition Description

Form 990-EZ, Special Condition Description:

(Form 990 or 990EZ) Department of the Treasury

2

Name of the organization

AMERICAN GOVERNANCE FOUNDATION INC

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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 or 990-EZ).)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Inspection

OMB No. 1545-0047

Employer identification number

82-3895681

3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		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:							
5		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 loc	al government	or governmental unit	described in se	ction 170(b)(:	L)(A)(v).		
7		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.)							
8		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)							
9		An agricultural research organization described in 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 university:							
10	V	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.)							
11		An organization organi	ized and opera	ted exclusively to test	for public safet	ty. See section	509(a)(4).		
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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		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.							
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.							
С		Type III functionally i supported organization						rated with, its	
d		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.							
е		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.							
f	Ente	ter the number of supported organizations							
g		Provide the following in					T		
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota									
		vork Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 11285	iF .	Schedule A (Form	990 or 990-EZ) 2020	

izations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you o						
	Part III. If the organiza	tion failed to	qualify under	the tests listed	d below, please	complete Part	III.)
	Section A. Public Support	1	1		1	1	
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
_	include any "unusual grant.")						
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						
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)						
6	Public support. Subtract line 5 from						
	line 4.						
	Section B. Total Support	T					
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						
12	10 Gross receipts from related activitie	s, etc. (see ins	tructions)			12	
13	First 5 years. If the Form 990 is for t	the organization	n's first second	third fourth or	fifth tay year as		3) organization
	check this box and stop here						organization,
5	Section C. Computation of Pul						
14	Public support percentage for 2020 (line 6, column	(f) divided by lir	ne 11, column (f))	. 14	
15	Public support percentage for 2019	Schedule A, Pa	rt II, line 14 .			15	
16 a	a 33 1/3% support test—2020. 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 qual	lifies as a public	cly supported or	ganization			▶□
ı	33 1/3% support test—2019. If the	organization di	d not check a bo	ox on line 13 or 1	.6a, and line 15 i	s 33 1/3% or more	, check this
	box and stop here. The organization	n qualifies as a	publicly support	ed organization .			▶□

17a 10%-facts-and-circumstances test—2020. 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

b 10%-facts-and-circumstances test—2019. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 3 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.) Section A. Public Support Calendar year (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 154,036 82,829 57,735 294,600 membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the

	business under section 513	
4	Tax revenues levied for the organization'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	

organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or

7a Amounts included on lines 1, 2,

received from other than

Section B. Total Support

c Add lines 7a and 7b. .

(or fiscal year beginning in)

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

c Add lines 10a and 10b. Net income from unrelated business activities not included in 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

11, and 12.). .

16

17

assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

from line 6.)

Calendar year

1975.

persons

and 3 received from disqualified

amount on line 13 for the year.

b Amounts included on lines 2 and 3 disqualified persons that exceed the greater of \$5,000 or 1% of the Public support. (Subtract line 7c

(a) 2016

(b) 2017

(c) 2018

154,036

154,036

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,

19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2019 Schedule A, Part III, line 15

Investment income percentage from 2019 Schedule A, Part III, line 17

154,036

(d) 2019

82,829

82,829

82,829

(e) 2020

57,735

30,000

30.000

57,735

57,735

Schedule A (Form 990 or 990-EZ) 2020

15

17

0

30,000

30,000

264,600

294,600

0

294,600

0 %

0 %

(f) Total

294,600

Page 4

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

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

omplete Sections A and D, and complete Part V.) nizations Yes No

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

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

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

Section A. All	Supporting Organ
checked box	12d, of Part I, co
circcica	DOX 12D, OF FUIL 1, C

3b and 3c below.

made the determination.

describe the designation. If historic and continuing relationship, explain.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

Are all of the organization's supported organizations listed by name in the organization's governing documents?

1

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

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				_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
_	Part VI			
	ection B. Type I Supporting Organizations		Vaa	Na
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
-	ection C. Type II Supporting Organizations			
	oction of Type 12 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported			
_	ection bild Type III Supporting Organizations			<u> </u>
	ection D. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instant) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity		ns):	
2	instructions) Activities Test. Answer lines 2a and 2b below.			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b	Yes	No
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	3a		

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

3

7

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Schedule A (Form 990 or 990-EZ) 2020

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Current Year

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): a Average monthly value of securities **1**a **b** Average monthly cash balances 1b

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

c Fair market value of other non-exempt-use assets		1c	
d Total (add lines 1a, 1b, and 1c)		1d	
e 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	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

6

7 8

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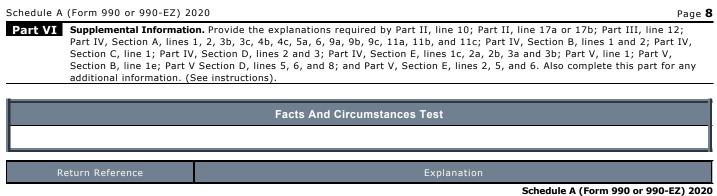
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3 4

	· ·		
C	c Fair market value of other non-exempt-use assets		
d	d Total (add lines 1a, 1b, and 1c)		
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	4	

Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (continued)					
Section D ^{Org} เรียกรับเกิดโลก					Current Year
Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
organizations, in			2		
excess of income from activity					
3 Administrative expenses paid to accomplish exempt	ourposes of supported organ	nizations	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	'I)	5		
6 Other distributions (describe in Part VI). See instruc	tions		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re	sponsive	8		
9 Distributable amount for 2020 from Section C, line 6			9		
·			10		
10 Line 8 amount divided by Line 9 amount		(ii			(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdisti Pre-2	ribut	ions	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020					
(reasonable cause required $explain$ in ${\it Part VI}$).					
See instructions.					
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016					
c From 2017					
d From 2018					
e From 2019					
f Total of lines 3a through e g Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
i Carryover from 2015 not applied (see					
instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2020 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
b Applied to 2020 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI					
See instructions.					
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2021. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2016					
b Excess from 2017					
c Excess from 2018					
d Excess from 2019					
e Excess from 2020					



Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury

Internal Revenue Service

Filers of:

Name of the organization

Organization type (check one):

AMERICAN GOVERNANCE FOUNDATION INC

Section:

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

2020 Employer identification number

82-3895681

OMB No. 1545-0047

Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Cat. No. 30613X

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ Name of organization AMERICAN GOVERNANCE FOUNDATION INC

Employer identification number 82-3895681

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED Pavroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

(a)

No. from

Part I

(d)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

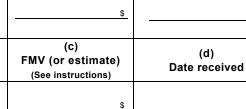
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given

(b)

Description of noncash property given

(b) noncash property given	FMV (or estimate) (See instructions)
(b) noncash property given	(c) FMV (or estimate) (See instructions)

needed.



Employer identification number

82-3895681

(c)

(c)

FMV (or estimate)

(See instructions)

\$





Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page	
	rganization N GOVERNANCE FOUNDATION INC		Employer identification number	
	N GOVERNANCE FOUNDATION INC		82-3895681	
Part III	Exclusively religious, charitable, etc., contritotal more than \$1,000 for the year from any line entry. For organizations completing Parof \$1,000 or less for the year. (Enter this inf Use duplicate copies of Part III if additional space	one contributor. Complete coler till, enter the total of exclusive ormation once. See instruction	umns (a) through (e) and the following ly religious, charitable, etc., contributions	
(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	Relati	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relati	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			_	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relati	onship of transferor to transferee	
		S	chedule B (Form 990, 990-EZ, or 990-PF) (20	

Additional Data			Return to Form
	Software ID:	20011566	
	Software Version:	2020v4.0	

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Namel Bevengeorganezation **Employer identifica** AMERICAN GOVERNANCE FOUNDATION INC.

Inspection					
ation numb	er				

OMB No. 1545-0047

82-3895681 Return **Explanation** Reference Other Office Expenses \$2479 Expenses.1002 Other Information Technology \$2709 Expenses.1003

Other Travel \$127 Expenses.1005 Other Insurance \$1000 Expenses.1012

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Form 990 Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation:) 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.

2021

OMB No. 1545-

Open to Public Inspection

Treasury AterForRen2021/calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 C Name of organization D Employer identification number **B** Check if applicable: Address change AMERICAN GOVERNANCE FOUNDATION INC 82-3895681 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 548 MARKET ST 43905 Amended return (415) 523-0944 Application pending City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA $\,$ 94104 $\,$ G Gross receipts \$ 848,763 F Name and address of principal officer: H(a) Is this a group return for WOLF TIVY subordinates? 548 MARKET ST 43905 **H(b)** Are all subordinates SAN FRANCISCO, CA 94104 included? Tax-exempt status: $\boxed{\checkmark}$ 501(c)(3) $\boxed{\boxed{}}$ 501(c) () $\boxed{\blacktriangleleft}$ (insert no.) $\boxed{\boxed{}}$ 4947(a)(1) or $\boxed{\boxed{}}$ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: www.americangovernance.org L Year of formation: 2017 M State of legal domicile: DE K Form of organization: 🔽 Corporation 🥅 Trust 🦳 Association 🦳 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities: TO STUDY AND PROMOTE POSITIVE REFORM OF AMERICAN PUBLIC INSTITUTIONS. TO THIS END WE UNDERTAKE PUBLIC INTEREST RESEARCH, JOURNALISM, AND PUBLIC MEDIA ESPECIALLY VIA PALLADIUM MAGAZINE, CONVENE Activities & Governance MEETINGS, WORKSHOPS AND COMMUNITY EVENTS 2 Check this box 🖳 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) \cdot \cdot \cdot 0 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 848,763 57,764 Revenue **9** Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 57,764 848,763 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 139,813 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 132,044 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) **b**0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 34,032 199,676 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 166,076 339,489 Revenue less expenses. Subtract line 18 from line 12 . -108,312 509,274 Beginning of Current **End of Year** 30,206 539,480 Total assets (Part X, line 16) . . . Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 . 30,206 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2022-11-15 Signature of officer Sign WOLF TIVY President Here Type or print name and title Date Preparer's signature PTIN Print/Type preparer's name Check / if P02379224 **Paid** self-employed Firm's EIN 🕨 85-4233189 Firm's name Terrapin Accounting LLC Preparer Firm's address > 2200 Columbia Pike Apt 918 Phone no. (240) 453-1027 **Use Only** Arlington, VA 22204

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2021)				Page 2
Pa	till Statement of Program	n Service Accomp	lishments		
	Check if Schedule O contain	s a response or note to	any line in this Part III		[
1	Briefly describe the organization's	mission:			
INTE	TUDY AND PROMOTE POSITIVE F REST RESEARCH, JOURNALISM, KSHOPS AND COMMUNITY EVEN	AND PUBLIC MEDIA			
2	Did the organization undertake any the prior Form 990 or 990-EZ?		,		☐Yes 🔽 No
_	If "Yes," describe these new service				
3	Did the organization cease conduct services?		cnanges in now it cond	ucts, any program	☐ Yes 🔽 No
	If "Yes," describe these changes o	n Schedule O.			
4	Describe the organization's program expenses. Section 501(c)(3) and 5 the total expenses, and revenue, if	01(c)(4) organizations	are required to report t		•
4a	(Code:) (Expens	ses \$ 339,489	including grants of \$) (Revenue \$	104,455)
	Palladium Magazine -Palladium Magazine In 2021, we began publishing a quarterl on our research and analysis. 2021 editic published on our website each week. All prestigious governmental and nongoverr partnered with the World Economic Forus	y print edition, available to rons included Governance Fut of our articles are made avainental fora including the St	nembers and not for sale, wh urism, Industrial Society, Mo ailable to the public online wi ate Department, Foreign Affa	iich collects the best articles on key th dern China, and Cultivating Elites. Nev thout paywalls or advertisements. We	nemes and updates members or long-form articles are have been cited by
4b	(Code:) (Expens	ses \$	including grants of \$) (Revenue \$)
	-				
					
4c	(Code:) (Expens	ses \$	including grants of \$) (Revenue \$)
					
4d	Other program services (Describ	e in Schedule O.)			
	(Expenses \$	including grants of	of \$) (Revenue \$)
4e	Total program service expenses	339,489)	·	
	<u> </u>	•			Form 990 (2021)

Form 990 (2021) Page 3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 c 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 🐿 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 划 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាមិន និក្សានាមិន និក្សានាមិន និក្សានេះ និក្សានិះ និក្សានេះ និក្សានេះ និក្សានិះ និក្សានិះ និក្សានិះ និក្សានេះ និក្សានិះ និក្សាន

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐄

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, 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 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

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Form 990 (2021)

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Yes

Form **990** (2021)

Yes

Form 990 (2021)								
Pa	t IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's	23		No				

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

B็เป้^yffe" 6YBAltstหาธิศาสน์เดินใจ terminate, or dissolve and cease operations? *If "Yes," complete schedule N. Part I*

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

-orm	990	(2021)			Page 5
Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
2a	Tax 9	r the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered his return			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За		he organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	over,	ny time during the calendar year, did the organization have an interest in, or a signature or other authority , a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	₩₩	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does orgai	6a		No	
	were	es," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7	_	nizations that may receive deductible contributions under section 170(c).	_		
	servi	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a		N o
		es," did the organization notify the donor of the value of the goods or services provided?	7b		
C		form 8282?	7c	Yes	
d	If "Ye	es," indicate the number of Forms 8282 filed during the year			
е	Did t	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the	7g		No	
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
8	spon	soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the soring organization have excess business holdings at any time during the year?	8		No
9	-	soring organizations maintaining donor advised funds.			
		the sponsoring organization make any taxable distributions under section 4966?	9a		No
10		Me sponsoring organization make a distribution to a donor, donor advisor, or related person? ion 501(c)(7) organizations. Enter:	9b		No
		ation fees and capital contributions included on Part VIII, line 12 10a			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club			
11		on 501(c)(12) organizations. Enter:			
а		s income from members or shareholders			
b	sour	s income from other sources. (Do not net amounts due or paid to other ces against amounts due or received from them.)			
12a		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Ye year.	es," enter the amount of tax-exempt interest received or accrued during the			
13		on 501(c)(29) qualified nonprofit health insurance issuers.			
а		e 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.			
	in wh	r the amount of reserves the organization is required to maintain by the states nich the organization is licensed to issue qualified health plans			
		r the amount of reserves on hand	14-		No
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		14.0
15	Is th	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ss parachute payment(s) during the year?	15		No
16		esoˈhgææizhtionsanuetlooætæmæhfilæsFituntio47இமிற்குchédullæeNsection 4968 excise tax on net investment income?	16		No
17	that	es," complete Form 4720, Schedule O. on 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

13 14

18

apply.

Section C. Disclosure

Yes

Yes

Yes

Yes

Νo

Nο

Νo

Form 990 (2021)

12a

12b

13

14

15a

15b

16a

16b

Page 6

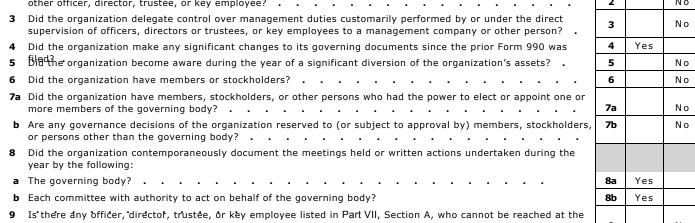
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi			espons	se to line	es
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	• 0. 3	ee mstractions.			
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	4			
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any	,		N.

	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						

	or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	Yes				
5	flights organization become aware during the year of a significant diversion of the organization's assets?	5		No			

b	Enter the number of voting members included in line 1a, above, who are independent	1b				2			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?					,	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,					3		Νo
4	Did the organization make any significant changes to its governing documents since	the p	orior Fo	orm 99	0 was		4	Yes	
5	600 $^{\circ}$ $^$	organi	zation'	s asset	s? .		5		Νo
6	Did the organization have members or stockholders?						6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?						7a		No

	Independent	10							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				•		2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor	,					3		Νo
4	Did the organization make any significant changes to its governing documents since	the p	orior	Form 9	990 w	as	4	Yes	
5	600 filed the organization become aware during the year of a significant diversion of the o	rgani	zatio	n's ass	ets?		5		Νo
6	Did the organization have members or stockholders?						6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?						7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,		,			7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following:	ns ur	ndert	aken d	luring	the			
а	The governing body?						8a	Yes	
b	Each committee with authority to act on behalf of the governing body?						8b	Yes	



The governing body?	8a	Yes	
Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Each committee with authority to act on behalf of the governing body? 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 in Schedule O	Each committee with authority to act on behalf of the governing body? 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 in Schedule O	Each committee with authority to act on behalf of the governing body? 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 in Schedule O

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written whistleblower policy?

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶JOHN DOLL 906 S HIGHLAND ST ARLINGTON, V A 22204 (240) 453-1027

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

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 all of the organization of current key emproyees, if any. See the first detailed of key emproyees.
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, or 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not bo: h ar or/ti	check, unlike the compensated employee	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	40.00	Φ	tee			sated				
(1) WOLF TIVY	40.00	Х		х				50,000	0	0
President	0.00									
(2) MATTHEW G ELLISON	40.00	Х		x				34,982	0	0
Secretary	0.00							3 1,752	-	
(3) CHRISTOPHER J ROBOTHAM	1.00	x		Х				0	0	0
Treasurer	0.00	^		^				0	U	0
(4) SAMO BURJA	1.00							_	_	
Director	0.00	Х						0	0	0
										_
										Form 990 (2021)

1b Sub-Total		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	Position (do not check one than one box, unless person is both an officer and a director/trustee) The properties of the						s c	(F) Estima amount of compension from relat organizat	ited f other sation the ion and		
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
d Total (add lines 1b and 1c)								*							
\$100,000 of reportable compensation from the organization \(\bullet \)								•			84,982				
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2						d al	oove)	who	received	l more th	an			
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	3					, ke	y er	nploye	e, o	r highest	compen	sated employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4						•		• •			n from the	3		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizat											4		Νο
services rendered to the organization? If "Yes," complete Schedule J for such person	_				•	•	•		•						
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. (A) (B) (C)	, , , , , ,											5		Νο	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)										11					
	1													tax year.	
		Name		ess							Des				
														•	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \triangleright 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	990 (2021)							Page 9
Part	VIII Statement of Revenue Check if Schedule O contains a res	nonse or no	ta ta	any line in this Pa	rt VIII			Г
	check if Schedule o contains a res	polise of no		(A) Total revenue	(B) Related exem function	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contr	butions, Gifts, Grants, and OtherAmt Simil	ar Amounts	1a	 Federated campaid	reven	1a		512 - 514
Contr	bactoris, circs, cranes, and otherwise simil	ar 74mounts	4	Membership dues		1b	104,455	
			С	Fundraising events	· .	1c		
				Related organization		1d		
			_	Government grants (co		1e		
			f	All other contributions, and similar amounts no	gifts, grants, ot included	1f	744,308	
			q	above Noncash contributions i	ncluded in		711,500	
				lines 1a - 1f:\$		1 g	292,473	
		1	<u> </u>	Total. Add lines 1a	-1f		· · ·	848,763
	2a	Business (ode					
9								
nue eur								
<u>8</u>	b							
Program Service Revenue	с							
Serv								
Ē	d							
ogre	e							
ā								
	f All other program service revenue.							
	9 Total. Add lines 2a-2f							
	3 Investment income (including dividends other	, interest, ai	nd		0			
	49inclateaffortherestment of tax-exempt	bond procee	ds	*	0			
	5 Royalties			>	0			
	(i) Real	(ii) Perso	onal					
	6a Gross rents 6a							
	b Less: rental							
	expenses of c Rental							
	income or 6c							
	d (Ness) ental income or (loss)		_		0			
	(i) Securities	(ii) Oth	er					
	7a Gross amount from sales of 7a							
	assets other than inventory							
	b Less: cost or other basis and							
	sales expenses							
	c Gain or (loss) 7c							
	d Net gain or (loss)		•		0			
	8a Gross income from fundraising events							
0	(not including \$ of contributions reported on line 1c).							
nue	See Part IV, line 18 8a							
Sev.	b Less: direct expenses							
Other Revenue	c Net income or (loss) from fundraising e	events			0			
ŧ			_					
U	9a Gross income from gaming							
	activities. See Part IV, line 19 b Less: direct expenses 9a 9b							
	c Net income or (loss) from gaming activ	rities	_		0			
	10a Gross sales of inventory, less returns and allowances 10a							
	100			-				
	b Less: cost of goods sold				0			
	c Net income or (loss) from sales of inve	nitory	•					
	Miscellaneous Revenue	Business	Code	2				
	11a							
	ь							
	с							
	d All other revenue							
	e Total. Add lines 11a-11d		•		0			
	12 Total revenue. See instructions		•	848,7				
				040,7			Ĭ.	1

Forr	m 990 (2021)				Page 10
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	t complete all colum	nns. All other organ	izations must comp	olete column (A).
	Check if Schedule O contains a response or note to	any line in this Part			
	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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	84,982	84,982		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	27,335	27,335		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	,		
_		626	cacl	ĺ	İ
	Other employee benefits	636	636		
	Payroll taxes	26,860	26,860		
	Fees for services (non-employees):				
	Management	0			
b	Legal	3,222	3,222		
c	Accounting	4,200	4,200		
c	l Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
	Office expenses	2,099	2,099		
	Information technology	9,004	9,004		
	Royalties	0			
	Occupancy	6,900	6,900		
	Travel	32,564	32,564		
	Payments of travel or entertainment expenses for any	0	,,,,		
-0	federal, state, or local public officials .				
19	Conferences, conventions, and meetings	22,548	22,548		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,644	1,644		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Printing and Publications	114,589	114,589		
	b Postage and Shipping	1,649	1,649		
	c FILING FEES	1,106	1,106		
	d BANK	151	151		
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	339,489	339,489	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

	n 990 art X	(2021) Balance Sheet			Page 11
	art 7.	Check if Schedule O contains a response or note to any line in t	hic Part IY		Г
		Check it Schedule o contains a response of note to any line in t	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	30,206	1	247,007
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from any current or former officer, directed, key employee, creator or founder, substantial contributor controlled entity or family member of any of these persons	·	5	0
	6	Loans and other receivables from other disqualified persons (as a under section $4958(f)(1)$), and persons described in section $4958(f)(1)$)		6	0
S	7	Notes and loans receivable, net		7	0
ssets	8	Inventories for sale or use		8	0
155	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities .		11	0
	12	Investments—other securities. See Part IV, line 11		12	292,473
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets: Add lines 1 through 15 (must equal line 33)	30,206	16	539,480
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
SS	21	Escrow or custodial account liability. Complete Part IV of Schedul	e D	21	
Liabilities	22	Loans and other payables to any current or former officer, director key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here F and co	omplete		
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		27	
d Ba	28	Net assets with donor restrictions		28	
un.		Organizations that do not follow FASB ASC 958, check here	and		
Net Assets or F	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund .		30	
ASS	31	Retained earnings, endowment, accumulated income, or other fun	ds 30,206	31	539,480
et	32	Total net assets or fund balances	30,206	32	539,480
Z	33	Total liabilities and het assets/fund balances	30,206	33	539,480

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 in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)

3b

Form 990 (2021) **Additional Data** Return to Form **Software ID: 21013485** Software Version: 2021v4.1 Form 990, Special Condition Description: **Special Condition Description**

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN GOVERNANCE FOUNDATION INC

SCHEDULE A

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.

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

OMB No. 1545-0047

section

Inspection **Employer identification number**

Schedule A (Form 990) 2021

		82-3895681
Pä	art I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The	organi	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		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).
4		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:

	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 170(b)(1)(A)(iv). (Complete Part II.)
	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.
_	

	170(b)(1)(A)(iv). (Complete Part II.)
6	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.
7	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.)
8	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)
9	An agricultural research organization described in 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 university

0		A community trust described in Section 170(b)(1)(A)(VI) . (Complete Part II.)
9		An agricultural research organization described in 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 university:
10	•	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from 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.)
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

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.
а	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.
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). Yo

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.
С	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.
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement

	supported organization(3) (see instructions). Tou must complete that IV, sections A, b, and E.
d	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.
е	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.
_	

f	Enter the number of supported organizations						
g	Provide the following information about the supported organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			1- 10 above (see instructions))	Yes	No		
·							

Cal	endar year			
(or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 2019
7	Amounts from line 4			
8	Gross income from interest, dividends, payments received on			
	securities loans rents royalties			

Public support. Subtract line 5 from

and income from similar sources

business activities, whether or not

Net income from unrelated

Section B. Total Support

the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(d) 2020

12

15

(e) 2021

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14

Schedule A (Form 990) 2021

Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2020 Schedule A, Part II, line 14

17a 10%-facts-and-circumstances test—2021. 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

h 10%-facts-and-circumstances test—2020. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

13 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,

(f) Total

850,890

850,890

391,473

391.473

459,417

850,890

(f) Total

chedule A (Form 990) 2021 Pr			
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 und	dar Dart	

154,036

(b) 2018

154,036

154,036

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,

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2020 Schedule A, Part III, line 15

Investment income percentage from 2020 Schedule A, Part III, line 17

(Complete only if you checked the box on line 10 of Part 1 or if the organization falled to qualify under Part

II. If the organization	n raiis to quai	ity under the	tests listea bei	ow, piease com	piete Part II.)		
Section A. Public Support							
Calendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021		

Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2,

c Add lines 7a and 7b. .

(or fiscal year beginning in)

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

c 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.). .

16

17

18

19a

Section B. Total Support

from line 6.)

Calendar year

1975.

and 3 received from disqualified

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

Public support. (Subtract line 7c

(or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received. (Do not

.

persons

include any "unusual grants.") .

(a) 2017

154,036

82,829

82.829

82,829

82,829

(c) 2019

57,735

57,735

30,000

30.000

57,735

57,735

(d) 2020

556,290

556,290

361,473

361.473

556,290

556,290

15

17

(e) 2021

(f) Total

line 14, and line 15 is more than 33 1/3%, and line 17 is not b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2021

0 %

0 %

331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organiz	ation .	 . ▶□

Section D. Computation of Investment Income Percentage

Section C. Computation of Public Support Percentage

3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

Vaa Na

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

checked checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

			Yes	NO
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.	1		
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).	2		

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

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

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

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.

Part IV Supporting Organizations (continued)

Page **5**

			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
ā	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	4.4		
		11a		
ŀ		11b		
	Part VI.	11c		
_ 5	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
_	-			
	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or		163	140
-	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	_		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ 5	Section ² D. ^A AN Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
-	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ns):	
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Page **6**

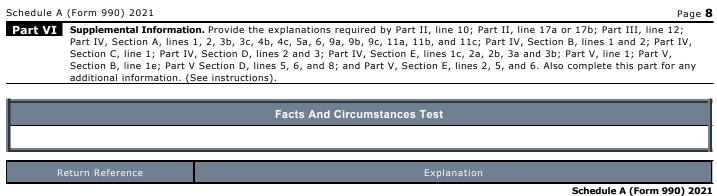
Schedule A (Form 990) (2021)

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 7 Excess distributions carryover to 2022. Add lines

a Excess from 2017. . . .
 b Excess from 2018. . . .
 c Excess from 2019. . . .
 d Excess from 2020. . . .
 e Excess from 2021. . . .

3j and 4c.

8 Breakdown of line 7:



SCHEDULE D (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization ERICAN GOVERNANCE FOUNDATION INC			Employe	r identification number
AI-II				82-3895	5681
Pa	Organizations Maintaining Donor Complete if the organization answered				
			advised funds	(b) F	unds 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 ad the organization's property, subject to the organiza	-			
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	onor or donor adviso	r, or for any other purpo	se conferri	•
Pa	Conservation Easements. Complete if the organization answered				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recreat	cion or education)	Preservation of an	historically	important land area
	Protection of natural habitat		Preservation of a c	ertified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	old a qualified conse	rvation contribution in th	ne form of	a conservation
_	easement on the last day of the tax year.	na a quamica consc	rvacion contribation in th		eld at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easement	S		2b	
	Number of concentration accompanies on a contified bi	atania atmustuma ina	uded in (a)	a. I	
с	Number of conservation easements on a certified hi		` ´	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transf	erred, released, ex	inguished, or terminated	l by the or	ganization during the
4	Number of states where property subject to conser	vation easement is	located •		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea	- '	- · · · · · · · · · · · · · · · · · · ·	ling of	Yes No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling	of violations, and enforci	ng conserv	ation easements during the
7	Amount of expenses incurred in monitoring, inspect \$	ing, handling of vic	lations, and enforcing co	onservation	easements during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$?				(4) Yes No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to thements.	e organization's financial	statement	s that describes
Par	Complete if the organization answered			or Other	Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footnot	neld for public exhib	ition, education, or resea	arch in furt	herance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets helprovide the following amounts relating to these iter	d for public exhibiti			
(i) Revenue included on Form 990, Part VIII, line 1 .			🕨	\$
	i) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, o	r other similar assets for		
а	Revenue included on Form 990, Part VIII, line 1 \cdot				* \$
b	Assets included in Form 990, Part X				*\$
For I	Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 202

52283D

Par	t III Organizations Maintaining C	ollection	s of A	rt, Historica	l Treasu	res, or	Other Sim	ilar Asse	ts (continued)
3	Using the organization's acquisition, access	ion, and oth	ner reco	rds, check any	of the follo	wing that	are a signifi	cant use of	its
а	collection items (check all that apply):			d \Box 10:					
a	Public exhibition				an or exch				
b	Scholarly research			e Ot	her				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII.	ollections a	nd expla	ain how they fu	rther the o	rganizatio	on's exempt p	ourpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,				┌ Yes ┌	No
Pa	Complete if the organization and Part X, line 21.			Form 990, Pai	rt IV, line	9, or re	ported an a	amount on	Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XI	II and comi	plete the	e following table	e:		Aı	mount	
С	Beginning balance			-		1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on					ndial acco	unt liability2	□ Yes □	No
Za	• • •	FUIII 990, P	ait A, II	ille 21, loi esci	ow or cust	Julai acco	ount nability:		
b	If "Yes," explain the arrangement in Part X	III. Check h	ere if th	ne explanation h	nas been p	rovided ii	n Part XIII .	\Box	
Pā	art V Endowment Funds.								
	Complete if the organization ans						T. D. =1		
	Designing of year balance	(a) Currei	nt year	(b) Prior year	(c) Iwo	years back	(d) Three yea	ars back (e) i	our years back
	Beginning of year balance								
	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year ei	nd balar	nce (line 1g, col	umn (a)) h	neld as:			
а	Board designated or quasi-endowment								
b	Permanent endowment								
С	Term endowment								
_	The percentages on lines 2a, 2b, and 2c sh						16		
3a	Are there endowment funds not in the posse organization by:	ession of the	e organi:	zation that are	neid and a	aminister	ea for the		Yes No
	(i) Unrelated organizations							3a(i)	1.00
	(ii) Related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizati	ions listed a	s requir	ed on Schedule	R?			3b	
4	Describe in Part XIII the intended uses of t	he organiza	tion's er	ndowment fund	c				
	rt VI Land, Buildings, and Equipm		5 61						
1 4	Complete if the organization and		es" on F	Form 990, Par	rt IV, line	11a. Se	e Form 990), Part X, I	ine 10.
	Description of property (a) Cost or oth (investme		(b) Cost	or other basis (oth	ner) (c) Ad	ccumulated	depreciation	(d) Bo	ook value
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	al. Add lines 1a through 1e. (Column (d) must o	equal Form C	990 Part	X. column (R)	line 10(c))		•		

Part VII	Complete if the organization answered "Yes" on Form	n 990. Part	IV. line 11b.Se	e Form 990. Pai	t X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value or end-of-year m	iation:
	al derivatives				
(2) Closely (3)Other	-held equity interests				
(A)	·				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 292,47	3		
Part	Investments - Program Related.		•	00 Form 000 Do	rt V line 12
VIII	Complete if the organization answered 'Yes' on Form (a) Description of investment	1 990, Part	(b) Book value	(c) Metho	d of valuation:
(1)				Cost or end-of	-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
	Other Assets. Complete if the organization answered 'Yes' on Form		V line 11d See	Form 990 Part	/ line 15
	(a) Description		V, iiie 11a. see	2 101111 330, 1411 7	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form	990, Part I	V, line 11e or 1	▶ _ L1f.	
1.	See Form 990, Part X, line 25. (a) Description of lia	ability			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	for uncertain tax positions. In Part XIII, provide the text of the n's liability for uncertain tax positions under FIN 48 (ASC 740)				

Return.

1 2

Part XII

1

2

1

5

1

Page 4

С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
						•
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b				4c	

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a 2b

2a 2b

4a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Donated services and use of facilities .

Donated services and use of facilities .

Prior year adjustments . .

Other losses . 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d . 2e Subtract line 2e from line 1 . . 3 3

4b Other (Describe in Part XIII.) 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 V, line 4; Part X, line

Return Reference

(Form 990)

SCHEDULE M

▶ Attach to Form 990.

Noncash Contributions

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

2021

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Intern	al Revenue Service					Inspe	CUO	ŋ
	e of the organization ICAN GOVERNANCE FOUNDATION INC				Employer identi	ification nur	nber	
W ILI	TO WE GOVERNMENT TO ONE ANTON THE				82-3895681			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	noncash co	(d) d of determi ontribution a	_	ıts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods				+			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property				+			
	Securities—Publicly traded . Securities—Closely held stock				+			
	Securities—Closely field stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous	Х	1	292,47	73 EXCHANGE-T	RADED		
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts				+			
	Other ► ()							
	Other ► ()				+			
	Other ► () Other ► ()							
				fan aantrikutiana	 			
29	Number of Forms 8283 received by for which the organization complet	_	-		29		.	1
30a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the olding period	date of the initial contribut 1?			or	Yes	No
L	If "Yes," describe the arrangemen					30a		Νo
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contributions?	31		Νo
32a	Does the organization hire or use	third partie	s or related organizations	to solicit, process, or sel	l noncash	222		

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

b If "Yes," describe in Part II.

describe in Part II.

Additional Data		Return to Form
	Software ID: 21013485	
	Software Version: 2021v4.1	

SCHEDULE 0

(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 990-EZ.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization AMERICAN GOVERNANCE FOUNDATION INC Employer identification number

AMERICAN GOVERN	ANCE FOUNDATION INC	82-3895681
Return Reference	Explanation	
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	During this year, the foundation changed its state of incorporation, moving from Califord Proc. 2018-15, while continuing to carry on the same charitable purposes and activities directors as before, only now in a new corporate form and place of organization. The bulk Chamberlain & Bean, LLP, of Washington, D.C., to advise the foundation on this process counsel of other tax, accounting, and legal professionals. This change of state domicile new certificate of incorporation and bylaws to conform to Delaware law. Both the new keeping with the existing governance practices and procedures of the foundation, and the organization's exempt purposes or mission; nor its name; nor the number, composition of the governing body's voting members, or of the officers, or of key employees. The focorporation. The foundation, including in its new form of organization under Delaware Is Sec. 1.501(c)(3)-1(b) of Treasury Regulations, including Sec. 1.501(c)(3)-1(b)(4), rega purposes, as specified by the certificate of incorporation. The new bylaws contain the and recusal: "The Board of Directors shall ensure that the corporation avoid any conflic Any director shall recuse himself from votes or business decisions in which he has convotes or decisions that determine his individual compensation if any." The move from C by means of the incorporation of a new Delaware exempt, non-stock, nonprofit corporation. Governance Foundation Inc.") and the merger of the disappearing California corporation corporation. As per the terms of the merger, the surviving Delaware corporation succeedisappearing California corporation and is subject to all the debts, liabilities, and obligation surviving Delaware corporation carries on the use of the same Federal Employer Identification of good entities by the respective Secretaries of State of both the State of California and the State ceived a letter of no objection to the proposed merger from the Attorney General of the proposed transaction. Subsequently, certificates of merger were filed with California	s, under the governance of the same coard of directors retained Webster, is and also relied on the help and a required the drafting and adoption of a wide control of a wide required the drafting and adoption of a wide required the drafting and adoption of a wide certificate and new bylaws were in a there were no significant changes to ion qualifications, authorities, or duties and attended to a conflict of interest and the sasets to exempt and the following policy on conflict of interest at of interest in its business decisions. Inflict of interest, and this shall include alifornia to Delaware was accomplished attended to all the rights and property of the ons of the disappearing entity; the fication (EIN) as the disappearing standing of its respective corporate ate of Delaware. The foundation also California, after his office had reviewed
Form 990, Part VI, Line 11b: Form 990 Review Process	990 PREPARED BY INDEPENDENT ACCOUNTANT, REVIEWED IN DETAIL BY OFFICERS, DIRECTORS.	AND APPROVED BY BOARD OF
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	THE CONFLICT OF INTEREST POLICY APPLIES TO THE DIRECTORS OF THE FOUNDATION AS THEY ARE ALSO DIRECTORS. THERE ARE PRESENTLY NO KEY EMPLOYEES OTHE SIGNIFICANT FINANCIAL OR MANAGEMENT DECISION IS DELEGATED TO ANYONE OTHOFICERS OR WITHOUT THEIR OVERSIGHT AND CONTROLS. THE OFFICERS OF THE FOUNDATION THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL DIRECTORS AND OFFICIAL INTEREST AND RECUSE THEMSELVES FROM DECISIONS WHERE THEY MAY HAVE A CONDETERMINATIONS ARE MADE BY THE OFFICERS WHO RESOLVE UNCERTAINTY IN FAVINANY DECISION REGARDING COMPENSATION, THE OFFICER WHOSE COMPENSATION IS FROM PARTICIPATING IN ANY DELIBERATIONS OR DECISIONS AND ALL DECISIONS ARPARTIES.	ER THAN THE OFFICERS. NO HER THAN THE DIRECTORS OR OUNDATION MONITOR AND ENFORCE CERS DISCLOSE CONFLICTS OF ONFLICT OF INTEREST. VOR OF RECUSAL. FOR EXAMPLE, IN B BEING DETERMINED IS PROHIBITED
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATINCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS OF 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. THE FOUNDATE PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS, INCLUDING SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAINTHE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SUBCOMMITTEE ON EXECUTIVE DIRECTORS IS FORMED WHICH IS COMPRISED ONLY OF NON-INTERESTED DIRECTORS PARTY IS PROHIBITED FROM PARTICIPATING. THE SUBCOMMITTEE MEETS WITHOUT THE INTERESTED PARTY. THE SUBCOMMITTEE RELIES ON DATA AS TO COMPARABLE QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITURGOMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM 990S FROM SEVERAL SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST REVIEW AND APPROVE AS COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECISION IS CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECORDS, OF THE SUBCOMPECISIONS IS KEPT IN THE FOUNDATION'S RECORDS.	WAS MOST RECENTLY UNDERTAKEN IN ATION FOLLOWS THE FOLLOWING THE PRESIDENT AND KEN IN 2021 FOR THE PRESIDENT AND COMPENSATION OF THE BOARD OF SAND FROM WHICH THE INTERESTED HE PRESENCE OR INVOLVEMENT OF COMPENSATION FOR SIMILARLY JATED ORGANIZATIONS. THIS COMPARABLE ORGANIZATIONS IN THE ANY AND ALL EXECUTIVE ONVEYED TO THE INTERESTED PARTY.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATINCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS VEX 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SECONDENSATION OF THE BOARD OF DIRECTORS IS FORMED WHICH IS COMPRISED ON AND FROM WHICH THE INTERESTED PARTY IS PROHIBITED FROM PARTICIPATING. THE PRESENCE OR INVOLVEMENT OF THE INTERESTED PARTY. THE SUBCOMMITTEE RELIFICATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABED ORGANIZATIONS. THIS COMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM ORGANIZATIONS IN THE SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST EXECUTIVE COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECINTERESTED PARTY. CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECONDELIBERATIONS AND DECISIONS IS KEPT IN THE FOUNDATION'S RECORDS.	WAS MOST RECENTLY UNDERTAKEN IN SUBCOMMITTEE ON EXECUTIVE ILY OF NON-INTERESTED DIRECTORS SUBCOMMITTEE MEETS WITHOUT THE ES ON DATA AS TO COMPARABLE ILE POSITIONS AT SIMILARLY SITUATED M 990S FROM SEVERAL COMPARABLE REVIEW AND APPROVE ANY AND ALL CISION IS CONVEYED TO THE
Form 990, Part VI, Line 19: Other	GOVERNING DOCUMENTS, AND OTHER BOOKS AND RECORDS, MADE AVAILABLE UP REGULATIONS, AND OTHERWISE AT THE DISCRETION OF THE FOUNDATION.	PON REQUEST AS REQUIRED BY LAW,

Organization Documents Publicly Available

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

Cat. No. 51056K

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

Inspection

Internal Revenue Service

Activities & Governance

13

14

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization AMERICAN GOVERNANCE FOUNDATION INC D Employer identification number **B** Check if applicable: Address change 82-3895681 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 548 MARKET ST 43905 (415) 523-0944 Application pending City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104 **G** Gross receipts \$ 1,628,696 Name and address of principal officer: H(a) Is this a group return for WOLF TIVY subordinates? 548 MARKET ST 43905 **H(b)** Are all subordinates SAN FRANCISCO, CA 94104 included? If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: www.americangovernance.org L Year of formation: 2017 K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities: TO STUDY AND PROMOTE POSITIVE REFORM OF AMERICAN PUBLIC INSTITUTIONS. TO THIS END WE UNDERTAKE PUBLIC INTEREST RESEARCH, JOURNALISM, AND PUBLIC MEDIA ESPECIALLY VIA PALLADIUM MAGAZINE, CONVENE MEETINGS, WORKSHOPS AND COMMUNITY EVENTS Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 2 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 848,763 8 Contributions and grants (Part VIII, line 1h) . . 1,628,696 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 848,763 1,628,696 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 482,392 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 139,813 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) **b**0 199,676 453,469 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 339,489 935,861 Revenue less expenses. Subtract line 18 from line 12 . 509,274 692,835 **Beginning of Current End of Year** Total assets (Part X, line 16) . 539,480 1,232,315 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 . 539,480 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2023-11-15 Signature of office WOLF TIVY President Type or print name and title

Sign

Paid
Preparer
Use Only

Here

aid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN P02379224		
reparer		Firm's name Terrapin Accounting LLC					
se Only		Firm's address 2200 Columbia Pike Apt 918 Arlington, VA 22204			Phone no. (240) 453-1027		
v the IRS	discuss this return with the prepare	r shown above? See Instruction	ons		Vyes □No		

) (Revenue \$

including grants of \$

646,208

6.091

(Expenses \$

Total program service expenses

VIII, IX, or X, as applicable.

Form 990 (2022) Page 3 **Checklist of Required Schedules** No Yes

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

15

16

17

18

19

20a

20b

21

Nο

Nο

Nο

Nο

Nο

Nο

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Nο

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Nο

Νo

Νo

Νo

Νo

Form 990 (2022)

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🖏 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

12a bid fire of anietation of the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, 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 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

Form	990 (2022)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
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% controlled entity or family member of any of these persons?	26		No
27	មីត្រី ^y មិន [©] សម្បារក្រើមទៅស្និត្ត ស្រីម៉េស និង្ហាំ	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			N.
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		N o
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"	28b		N o
	complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		N o
31	Bid Pfie" ਨਾਉਡਸੀਵਿਸ਼ ਰਿਜੀ ਸਿੱਖਿਸ਼ ਮੈਂਦ, terminate, or dissolve and cease operations? If "Yes," complete schedule N, Part I	31		No

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wasen Grantist Shelle & Farthy tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

gaming (gambling) winnings to prize winners?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

sections 301.7701-2 and 301.7701-3?

and Part V, line 1 . .

Part V

Nο

Νo

Nο

Nο

Nο

Νo

No

(2022)

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35a

35b

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Λ

1a

1b

Yes

Form **990**

	· · · · · · · · · · · · · · · · · · ·	-	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
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	No
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	No
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% controlled entity or family member of any of these persons?	26	No
27	形式が影響。GAMBN 表現 Market Partant or other assistance to any current or former officer, director, trustee, key		

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 5		
	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	by this return	2b	Yes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N o		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		N o		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		NO		
b	ষ্টেটেপ্ডা) enter the name of the foreign country: ▶					
5a	Washe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No		
		5b 5c				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a		N o		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		NO		
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).					
а	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		No		
b	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 to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	9. Consequent accoming the maintaining dense advised founds. Did a dense advised found maintained by the					
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club					
11	Section 501(c)(12) organizations. Enter:					
_	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b					
12a	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					
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16		16		No		
17	If "Yes," complete Form 4720, Schedule O. 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? If "Yes." complete Form 6069.	17				
	AL 150, COMPLETE FORM MADE.	F	orm 99 0	(2022)		

year by the following: **a** The governing body? .

Section C. Disclosure

apply.

13

90 (2022)		Pa	g
Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and through 7b below, and through 7b below, and through 7b below, and through 7b below 7b be	nse to I	ines	
8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
ion A. Governing Body and Management			

Check if Schedule O contains a response or note to any line in this Part VI									
Section A. Governing Body and Management									
						Yes	No		
1a Enter the number of voting members of the governing body at the end of the tax	1a			4					
Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									

Enter the number of voting members included in line 1a, above, who are 1b

4

6

7a

Яa

8b

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

No

Νo

Νo

Nο

Νo

Νo Nο Nο Nο Νo Νo

Form	990	(202

independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

a The organization's CEO, Executive Director, or top management official

Own website Another's website V Upon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶JOHN DOLL 906 S HIGHLAND ST ARLINGTON, V A 22204 (240) 453-1027

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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?

Section 6104 requires an organization to make its Form 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization make any significant changes to its governing documents since the prior Form 990 was file the organization become aware during the year of a significant diversion of the organization's assets? . . Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written whistleblower policy? . . .

14 Did the organization have a written document retention and destruction policy? .

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

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.
- List all of the organization's former officers, key employees, or 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. Soo the instructions for the order in which to list the persons above

See the instructions for the order in which to list the persons above.										
$lacksquare$ Check this box if neither the organization ${\mathfrak l}$	nor any related	organ	ization compensated an	y cu	ırreı	nt offi	cer	, director, or tru	stee.	
(A) Name and title	(B) Average hours per week (list	Posi ui	(C) tion (do not check more nless person is both an director/truste	an o	ne bo and a	(D) Reportable compensation from the	from related	(F) Estimated amount of other		
		Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) MATTHEW G ELLISON	40.00	Х		Х				94 702	0	2.010
Secretary	0.00	^		^				84,793	0	3,918
(2) WOLF TIVY	40.00									
President	0.00	Χ		Х				49,998	0	1,126
(3) CHRISTOPHER J ROBOTHAM	1.00	Х		Х				0	0	0
Treasurer	0.00									
(4) SAMO BURJA	1.00	х						0	0	0
Director	0.00									
-										
					<u> </u>				Form 990 (2	022)

\$100,000 of compensation from the organization 1

Na	(A) me and title	(B) Average hours per week (list		(C) tion (do not check more nless person is both an director/truste	offic			х,	(D) Reportable compensation from the	(E) Reportable compensatio from related	n I	Estim amount of compen	ated of other isation
		any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organization: (W-2/1099- MISC/1099 NEC)	-	from organiz and re organiz	zation lated
											\dashv		
											\dashv		
											\dashv		
											T		
											4		
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											+		
											7		
											ightharpoonup		
1b Sub- c Tota	Total I from continuatio		 t VII, S	ection A			*				\pm		
	(add lines 1b and						•		134,791		<u>l</u>		5,044
				not limited to those listententententententententententententent	ed al	bove	e) who	rec	ceived more than				
												Yes	No
3 Did on	I the organization line 1a? <i>If "Yes," (</i>	list any former complete Schedu	officer <i>Ile J fol</i>	, director or trustee, ke r such individual	y er •	nplc •	yee, 0	or hi	ghest compensat	ed employee	3		Νo
org	ganization and rela			sum of reportable compe eater than \$150,000? <i>If</i>						rom the			
ind •	lividual • • • •										4		No
	, ,			accrue compensation fr 'es," complete Schedule 3					-	individual for	5		No
	on B. Indepen									<u>-</u>			
				ompensated independer t compensation for the o								tax year	ı
		Name a	(A) nd busir	ness address						(B) tion of services		(C Comper	
	rinters USA Inc : Avenue Floor 4								Publishing				102,041
	sco, CA 94133										\dashv		
											\rightrightarrows		
											寸		
2 Tota	number of indepe	ndent contracto	ors (inc	cluding but not limited to	o th	ose	listed	abo	ve) who received	more than			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	990 (2		nt of Dovenie									Page 9
Part	VIII		nt of Revenue hedule O contains a res	sponse or not	te to	any line in this Pa	rt VIII					г
						(A) Total revenue	(B) Related exem function reven	l or pt on	(C) Unrelate busines revenu	SS	excl tax ur	(D) Revenue luded from nder sections 12 - 514
Contr	ibution	s, Gifts, Grai	nts, and OtherAmt Simi	lar Amounts	1a F	ederated campaig		1a			1 3.	12 314
					4	Membership dues		1b	146	,290		
						undraising events		1c		_		
						Related organization Government grants (co		1d		_		
					_	All other contributions,		1e		—		
					a	and similar amounts no shove	t included	1f	1,482	,406		
					g N	Noncash contributions i ines 1a - 1f:\$	ncluded in	1g				
					h T	otal. Add lines 1a	-1f		>	,	1,628,6	596
				Business C	Code							
a)	2a											
E	_			_								
Rev	b											
Program Service Revenue	с											
Serv												
am	d										-	
<u>100</u>	e											
۵	f All	other progra	am service revenue.									
			es 2a-2f		0							
	•		3 Investment income	(including di	viden	ds, interest, and		0				
			other 4 9imilareafrounits)esti	ment of tay-	ena ve	nt hond proceeds	*	0		-		
							<u> </u>	0				
			[(i) R		(ii) Personal						
			6a Gross rents	6a								
			b Less: rental									
				6b								
			income or	6c								
			d (Nets) ental income					0				
			7a Gross amount	(i) Secu	ırities	s (ii) Other	<u>'</u>					
			from sales of assets other	7a								
			than inventory				4					
e			Other basis and	7b								
Ven			sales expenses				\dashv					
Other Revenue			` `	7c				0				
her			d Net gain or (loss) 8a Gross income from fund			· · · · >	·	0				
ō			(not including \$	of	f							
			contributions reported of See Part IV, line 18		8	ia l						
			b Less: direct expen	ses	8							
			c Net income or (loss	s) from fundr	aisin	g events		0				
			9a Gross income from	gaming								
			activities. See Part IV, line 19 b Less: direct expen		9		-					
			c Net income or (loss		<u> </u>			0				
			10a Gross sales of invereturns and allowa		10)a						
			b Less: cost of good	s sold	10)b						
			c Net income or (loss	s) from sales	of in	ventory		0				
						Pusinoss Cod						
			11a			Business Cod						
			b									
-												
Othe	rReve	nueMiscAmt	c									
			d All other revenue									
			e Total. Add lines 1:	la-11d .	• •	•		0				
			12 Total revenue. See	instructions		•	1,	,628,696				

Forr	m 990 (2022)				Page 10
Pa	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus	t complete all colun	nns. All other orgar	nizations must comp	olete column (A).
	Check if Schedule O contains a response or note to	any line in this Part	IX		[
	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	0		3 .	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	139,835	51,124	88,711	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	257,731	251,691	6,040	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	,	,	
_	011	9,108	3,603	5,505	
	Other employee benefits	75,718	68,785	6,933	
	Payroll taxes	73,710	00,703	0,555	
	Management	0			
	Legal	314		314	
	: Accounting	16,390		16,390	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0	1		
	Office expenses	3,847	2,897	950	
	Information technology	27,295	6,248	21,047	
	Royalties	0			
	Occupancy	34,284		34,284	
	Travel	104,007	18,727	85,280	
18	Payments of travel or entertainment expenses for any	0			
	federal, state, or local public officials .				
	Conferences, conventions, and meetings	80,962	65,665	15,297	
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	8,188		8,188	
	a Printing and Publications	167,450	167,450		
	b SMALLEST LIVING THINGS	6,091	6,091		
	c REFERENCE MATERIAL	2,451	2,401	50	
	d Postage and Shipping	1,423	1,423		
	e All other expenses	767	103	664	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	935,861	646,208	289,653	0

Forn	n 990	(2022)			Page 11
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	247,007	1	1,232,315
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	0
S	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use		8	0
As	9	Prepaid expenses and deferred charges		9	0
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	0
	11	Investments—publicly traded securities .		11	0
	12	Investments—other securities. See Part IV, line 11	292,473	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets: Add lines 1 through 15 (must equal line 33)	539,480	16	1,232,315
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		20	
:=				22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here 🕨 🔲 and complete			
Net Assets or Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		27	
id Ba	28	Net assets with donor restrictions		28	
-ur		Organizations that do not follow FASB ASC 958, check here			
or	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds	539,480	31	1,232,315
et /	32	Total net assets or fund balances	539,480	32	1,232,315
Ž	33	Total liabilities and het assets/fund balances	539,480	33	1,232,315
Z	33	Total liabilities and net assets/fund balances	539,480	33	1,23 Form 990 (

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 in Schedule O and describe any steps taken to undergo such audits.

3b

Form 990 (2022) **Additional Data** Return to Form **Software ID:** 22015565 **Software Version:** 2022v5.0 Form 990, Special Condition Description: **Special Condition Description**

(Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

SCHEDULE A

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

Employer identification number

82-3895681

Inspection

OMB No. 1545-0047

AMERICAN GOVERNANCE FOUNDATION INC

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 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 university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from 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). 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of (vi) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part VI.). .

13 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,

Schedule A (Form 990) 2022

Section C. Computation of Public Support Per Public support percentage for 2022 (line 6, column (f) div

Public support percentage for 2020 Schedule A, Part

Total support. Add lines 7 through

.

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vided	by	line

11, column (f))

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14	
15	

aivia	ea	DУ	iine	II,	CO	ium	ın	(1))		•	
II, lir	ne	14										

			Ī
		_	

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 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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(or fiscal year beginning in) 1 Gifts, grants, contributions, and

.

persons

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2,

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975. c 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.). .

16

17

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

Section B. Total Support

from line 6.)

Calendar year

and 3 received from disqualified

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

Public support. (Subtract line 7c

membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513

2,479,586

1.293.914

1,293,914

1,185,672

2,479,586

2,479,586

47.820 %

Schedule A (Form 990) 2022

0 %

(f) Total

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Section 509(a)(2)

82,829

82.829

82,829

82,829

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,

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(b) 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

	a to qua	,		 ~ ~ . ~ .
Section A. Public Support				
Calendar year	(2) 2019	(b) 2010	1	 ,

(a) 2018

II. II the organization	i rans to quanty	under the	tests listed	Deic
Section A. Public Support				

	II. If the organization	raiis to	quality under
Section A.	Public Support		

154,036

154,036

154,036

154,036

Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2021 Schedule A, Part III, line 15

Investment income percentage from 2021 Schedule A, Part III, line 17

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

(a) 2018

(b) 2019

- pelow, please complete Part II.)

(c) 2020

57,735

57,735

30,000

30,000

57,735

57,735

(c) 2020

(d) 2021

556,290

556,290

361,473

361,473

556,290

556,290

(d) 2021

1,628,696

902,441

902.441

1,628,696

1,628,696

15

16

17

(e) 2022

- - (f) Total
- (e) 2022

- - 2,479,586
 - 1,628,696

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

mplete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

	,,,,,,,,,,
checked box	12d, of Part I, cor

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

was described in section 509(a)(1) or (2).

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

made the determination.

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

3b and 3c below. **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Part IV Supporting Organizations (continued)

below, the governing body of a supported organization?

A family member of a person described on 11a above?

Has the organization accepted a gift or contribution from any of the following persons?

A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c

11a

11b

Page 5

A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in 11c Section B. Type I Supporting Organizations Yes No Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting 2 organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or 1 management of the supporting organization was vested in the same persons that controlled or managed the supported Section Dio Aff Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities 2a constituted substantially all of its activities.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

2b

3a

3b

temporary reduction (see instructions)

instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Page **6**

details in Part VI). See instructions

10 Line 8 amount divided by Line 9 amount

See instructions.

instructions)

a From 2017. **b** From 2018. **c** From 2019. **d** From 2020. **e** From 2021. f Total of lines 3a through e

(see instructions)

3 Excess distributions carryover, if any, to 2022:

g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

5 Remaining underdistributions for years prior to

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7:

(provide

Page 7

_	art V Type III Non-Functionally Integrated 509(a)(3) Supporting
S	ection D ^{Qrព្រះរូវជាងដែលតិន}
1	Amounts paid to supported organizations to accomplish exempt purposes
2	Amounts paid to perform activity that directly furthers exempt purposes of supported
org	anizations, in

3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive

(iii)

Distributable amount for 2022 from Section C, line 6 (i) **Excess Distributions**

10 **Underdistributions** Distributable Pre-2022 Amount for 2022

Section E - Distribution Allocations 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required -- explain in Part VI

1

2

4

5

6

7

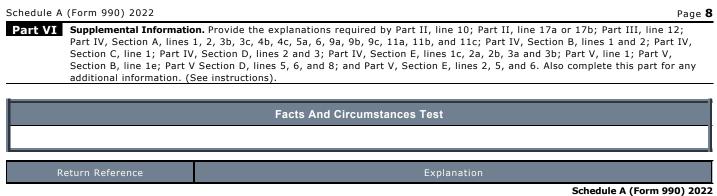
8

9

(ii)

c Remainder. Subtract lines 4a and 4b from line 4. 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

See instructions.				
Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
Excess distributions carryover to 2023. Add lines 3j and 4c.				
Breakdown of line 7:				
Excess from 2018				
Excess from 2019				
Excess from 2020				
Excess from 2021				
Excess from 2022				
Schedule A (Form 990) (2022)				



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN GOVERNANCE FOUNDATION INC 82-3895681 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that

received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If

this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Cat. No. 30613X

Name of organization AMERICAN GOVERNANCE FOUNDATION INC

Employer identification number

	•			•					
82	_	3	R	9	5	6	8	1	

		l l	
Part I Contributors	contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	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.)
(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.)
(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.) Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

Part II

(a)

No. from

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. FMV (or estimate) Description of noncash property given

(See instructions)

(c)

(c)

Employer identification number

(d)

Date received

(d)

Page 3

Part I

Description of noncash property given

(b)

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

FMV (or estimate) (See instructions)

82-3895681

Date received (d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

Schedule B (Form 990) (2022)

(c) FMV (or estimate) (See instructions) (c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(a) No. from Description of noncash property given Part I

SCHEDULE M (Form 990)

Noncash Contributions

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

Iam MEF	le of the organization RICAN GOVERNANCE FOUNDATION INC				Empio	yer identificat	ion nu	mber	
					82-38	395681			
Pā	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d Method of d oncash contrib	leterm		nts
1	Art—Works of art				↓				
2	Art—Historical treasures .				↓				
3	Art—Fractional interests				↓				
4	Books and publications				↓				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,				1				
	or trust interests				+				
	Securities—Miscellaneous				+-				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts				↓				
23	Scientific specimens				↓				
24	Archeological artifacts				↓				
25	Other (CRYPTOCURRENCY ►)	X	1	792,44	LAPPF	RAISAL			
26	Other (CRYPTOCURRENCY ►)	X	1	50,000	EXC	HANGE VALU	E		
27	Other ▶ ()				1				
	Other ▶ ()								
29	Number of Forms 8283 received by	the organi	zation during the tax year	for contributions	\top				
	for which the organization complet	_			29			V	NI-
302	During the year, did the organizat	ion receive	hy contribution any proper	ty reported in Part I lines	1 thro	ough 28 that		Yes	No
	it must hold for at least three yea								
	exempt purposes for the entire ho	olding period	1?	•			20-		NI -
L	If "Vos " doscribe the arrangemen						30a		Νο
	 If "Yes," describe the arrangemer Does the organization have a gift 			wiow of any posetandard	contrib	outions?	31		Νο
	Dues the urganization have a unit	accentance	DUTIES LITEL LEGITIES LITE LE	:viev vi aliv HUHStalludfü	COLLLIL	JULIUIIS!			140

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II.

describe in Part II.

32a

Νo

SCHEDULE 0

(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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN GOVERNANCE FOUNDATION INC 82-3895681 Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: SMALLEST LIVING THINGS- This project supported research, photography, and documentary Part III. Line film production of a short film, with support from the Lewis Foundation Inc. The health of the smallest living things is necessary 4d for the survival of all life on Earth. The short film, directed by Charles Abelmann, tells the story of one self-made farmer's quest to care for microbiomes?and call out the abuse of antibiotic overuse in livestock and people. More information is available at smallestlivingthings.org. 990 PREPARED BY INDEPENDENT ACCOUNTANT, REVIEWED IN DETAIL BY OFFICERS, AND APPROVED BY BOARD OF Form 990, Part VI. DIRECTORS. Section B, Line 11b Form 990. THE CONFLICT OF INTEREST POLICY APPLIES TO THE DIRECTORS OF THE FOUNDATION AND COVERS ALL THE OFFICERS AS Part VI. THEY ARE ALSO DIRECTORS. THERE ARE PRESENTLY NO KEY EMPLOYEES OTHER THAN THE OFFICERS. NO SIGNIFICANT Section B. FINANCIAL OR MANAGEMENT DECISION IS DELEGATED TO ANYONE OTHER THAN THE DIRECTORS OR OFFICERS OR Line 12c WITHOUT THEIR OVERSIGHT AND CONTROLS. THE OFFICERS OF THE FOUNDATION MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL DIRECTORS AND OFFICERS DISCLOSE CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM DECISIONS WHERE THEY MAY HAVE A CONFLICT OF INTEREST. DETERMINATIONS ARE MADE BY THE OFFICERS WHO RESOLVE UNCERTAINTY IN FAVOR OF RECUSAL. FOR EXAMPLE, IN ANY DECISION REGARDING COMPENSATION, THE OFFICER WHOSE COMPENSATION IS BEING DETERMINED IS PROHIBITED FROM PARTICIPATING IN ANY DELIBERATIONS OR DECISIONS AND ALL DECISIONS ARE MADE ONLY BY DISINTERESTED PARTIES. Form 990. THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS. Part VI. INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN Section B. 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. THE FOUNDATION FOLLOWS THE FOLLOWING Line 15a PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS, INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SUBCOMMITTEE ON EXECUTIVE COMPENSATION OF THE BOARD OF DIRECTORS IS FORMED WHICH IS COMPRISED ONLY OF NON-INTERESTED DIRECTORS AND FROM WHICH THE INTERESTED PARTY IS PROHIBITED FROM PARTICIPATING. THE SUBCOMMITTEE MEETS WITHOUT THE PRESENCE OR INVOLVEMENT OF THE INTERESTED PARTY. THE SUBCOMMITTEE RELIES ON DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS COMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM 990S FROM SEVERAL COMPARABLE ORGANIZATIONS IN THE SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST REVIEW AND APPROVE ANY AND ALL EXECUTIVE COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECISION IS CONVEYED TO THE INTERESTED PARTY. CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECORDS, OF THE SUBCOMMITTEE'S DELIBERATIONS AND DECISIONS IS KEPT IN THE FOUNDATION'S RECORDS. Form 990. THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS, Part VI. INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN Section B. 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SUBCOMMITTEE ON EXECUTIVE Line 15b COMPENSATION OF THE BOARD OF DIRECTORS IS FORMED WHICH IS COMPRISED ONLY OF NON-INTERESTED DIRECTORS AND FROM WHICH THE INTERESTED PARTY IS PROHIBITED FROM PARTICIPATING. THE SUBCOMMITTEE MEETS WITHOUT THE PRESENCE OR INVOLVEMENT OF THE INTERESTED PARTY. THE SUBCOMMITTEE RELIES ON DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS COMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM 990S FROM SEVERAL COMPARABLE ORGANIZATIONS IN THE SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST REVIEW AND APPROVE ANY AND ALL EXECUTIVE COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECISION IS CONVEYED TO THE INTERESTED PARTY. CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECORDS, OF THE SUBCOMMITTEE'S DELIBERATIONS AND DECISIONS IS KEPT IN THE FOUNDATION'S RECORDS. Form 990.

Part VI.

Section C. Line 19

GOVERNING DOCUMENTS, AND OTHER BOOKS AND RECORDS, MADE AVAILABLE UPON REQUEST AS REQUIRED BY LAW,

REGULATIONS. AND OTHERWISE AT THE DISCRETION OF THE FOUNDATION.

990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-

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

		the Treasury						Inspection
		ue Service	lendar year, or tax year beginning (01-01-2023 , and ending 12-31-2023	3			
		e 2023 ca applicable:	C Name of organization	, and ending 12-31-202		D Employe	r identi	fication number
		change	American Governance Foundation Inc					
		hange				82-389	2081	
Fina	tial re [.] al	eturn	Doing business as					
		inated ed return	Number and street (or P.O. box if mail i	s not delivered to street address) Room/suit	te .	E Telephone	e number	-
		ion pending	548 Market St 43905	3 40 54 15 54 54 444 555, 1100, 54		(415) 2	75-18	48
_			City or town, state or province, country,	, and ZIP or foreign postal code				
			San Francisco, CA 94104			G Gross rec	eipts \$ 6	62,306
			F Name and address of principal	officer:	H(a)	Is this a group re	turn for	
			Matthew Ellison			subordinates? Are all subordina	tac	Yes V No
						included?		☐ Yes ☐ No
I Tax	(-exe	mpt status:	501(c)(3) 501(c)() (insert r	no.) 4947(a)(1) or 527		If "No," attach a	list. Se	e instructions.
J W	ebsit	te: ww	w.americangovernance.org		H(c)	Group exemption	numbe	r
K Forn	n of o	organization	: 🔽 Corporation Trust Association	Other	L Year o	f formation: 2017	M State	of legal domicile: DE
Do	ert I	Sum	mary					
Pa	rt I		mary scribe the organization's mission o	r most significant activities.				
				erican Public Institutions. To this end	l we un	dertake public int	erest re	esearch, journalism
e	<u> </u>	and publi	c media especially via Palladium Ma	agazine, Covene Meetings, Workshop	os and (Community Event	s.	
Ě	-							
=								
0	2	Check th	is box if the organization discor	ntinued its operations or disposed of	more tl	han 25% of its ne	t asset	S.
8				body (Part VI, line 1a) · · · ·			3	4
S				he governing body (Part VI, line 1b)			4	1
ž	5	Total nu	mber of individuals employed in cal	endar year 2023 (Part V, line 2a)			5	8
Activities & Governance	6	Total nu	mber of volunteers (estimate if nec	essary)			6	5
Q.	7a	Total un	elated business revenue from Part	VIII, column (C), line 12 · · ·			7a	0
	ь	Net unre	lated business taxable income from	n Form 990-T, Part I, line 11			7b	
						Prior Year		Current Year
o.	8	Contribu	tions and grants (Part VIII, line 1h)			1,628,69	96	574,775
Revenue	9	Program	service revenue (Part VIII, line 2g)					0
900	10	Investm	5 (1/11)	nes 3, 4, and 7d)				24,313
			ent income (Part VIII, column (A), li					24,515
ш	11		ent income (Part VIII, column (A), lii venue (Part VIII, column (A), lines 5	• • •				0
ш		Other re	venue (Part VIII, column (A), lines 5	• • •		1,628,69	96	0
	12	Other re	venue (Part VIII, column (A), lines 5	s, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12)	1	1,628,69	96	0 599,088
	12 13	Other re Total rev Grants a	venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus	s, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) olumn (A), lines 1-3)		1,628,69	96	0 599,088 0
102.23	12 13 14	Other re Total rev Grants a Benefits	venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, col	s, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) olumn (A), lines 1-3)		1,628,69		0 599,088 0
102.23	12 13 14 15	Other re Total rev Grants a Benefits Salaries,	venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, col	o, 6d, 8c, 9c, 10c, and 11e) It equal Part VIII, column (A), line 12) Islumn (A), lines 1-3) Iumn (A), line 4) Inefits (Part IX, column (A), lines 5-1				0 599,088 0
102.23	12 13 14 15 16a	Other re Total rev Grants a Benefits Salaries, Professi	venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber	o, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e)				0 599,088 0 0 467,420
Expenses	12 13 14 15 16a b	Other re Total rev Grants a Benefits Salaries, Professi Total fund	venue (Part VIII, column (A), lines 5 renue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, col other compensation, employee be onal fundraising fees (Part IX, colum	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3). umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 25) 12,360			02	0 599,088 0 0 467,420
	12 13 14 15 16a b	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex	venue (Part VIII, column (A), lines 5 renue—add lines 8 through 11 (must not similar amounts paid (Part IX, colpaid to or for members (Part IX, colother compensation, employee between fundraising fees (Part IX, columnation), lines 5 renue.	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) folumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 25) 12,360 11a-11d, 11f-24e)		482,39	92	0 599,088 0 0 467,420 0
	12 13 14 15 16a b 17 18	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must not similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee belonal fundraising fees (Part IX, column raising expenses (Part IX, column (D), lines penses (Part IX, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 25) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25)		482,39 453,46	59	0 599,088 0 0 467,420 0 663,703 1,131,123
Expenses	12 13 14 15 16a b 17 18	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must nd similar amounts paid (Part IX, colpaid to or for members (Part IX, colpaid to or for members (Part IX, colpaid to or for members (Part IX, column landraising fees (Part IX, column raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equations)	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 25) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25)	0)	482,39 453,46 935,86 692,83 ginning of Current	92 99 91 85	0 599,088 0 0 467,420 0 663,703 1,131,123
Expenses	12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must nd similar amounts paid (Part IX, colpaid to or for members (Part IX, colporate compensation, employee belonal fundraising fees (Part IX, columnation expenses (Part IX, columnation expenses (Part IX, column (D), lines penses (Part IX, column (A), lines penses. Add lines 13–17 (must equal less expenses. Subtract line 18 from	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1–3) umn (A), line 4) nefits (Part IX, column (A), lines 5–1 nn (A), line 11e) e 25) 12,360 11a–11d, 11f–24e) ual Part IX, column (A), line 25) bm line 12	0)	482,39 453,46 935,86 692,83 ginning of Current Year	92 69 61 85	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year
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Expenses	12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must not similar amounts paid (Part IX, colpaid to or for members (Part IX, colpaid to or for members (Part IX, colpaid to or for members (Part IX, column lines) of the compensation, employee belonal fundraising fees (Part IX, column (D), lines of the column (A), lines of the column (B), lines of the c	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25) bm line 12	0)	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63	59 51 85 48	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year
Not Assets or Fund Balances	12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as Total lia Net asse	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must nd similar amounts paid (Part IX, column to or for members (Part IX, column to other compensation, employee beronal fundraising fees (Part IX, column assing expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25) bm line 12	0)	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14	59 51 85 48	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year
Net Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue Total as: Total lia Net asse	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must nd similar amounts paid (Part IX, colpaid to or for members (Part IX, colporate compensation, employee belonal fundraising fees (Part IX, column assing expenses (Part IX, column (D), lines penses (Part IX, column (A), lines penses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25) bom line 12	0) Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50	39 39 39 39 39 39 39 39 39 39 39 39 39 3	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90
Net Assets or Exp enses a bearing Balances	12 13 14 15 16a b 17 18 19 20 21 22 rt II	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue Total as Total lia Net asse Sign nalties of	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must not similar amounts paid (Part IX, column to or for members (Part IX, column to other compensation, employee belonal fundraising fees (Part IX, column assing expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25) bm line 12	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state	69 61 85 48 89 99	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90 503,474
Met Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19 20 21 22 rt II	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as Total lia Net asse Sign nalties of edge and	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must not similar amounts paid (Part IX, column to or for members (Part IX, column to other compensation, employee belonal fundraising fees (Part IX, column assing expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equiless expenses. Subtract line 18 from the sets (Part X, line 16)	t equal Part VIII, column (A), line 12) lumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) all Part IX, column (A), line 25) om line 12 21 from line 20	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 medules and state er) is based on all	69 61 85 48 89 99	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90 503,474
Net Assets or Expenses on the Balances or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 rt II	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as: Total lia Net asse Sign natives of edge and has any ke	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must and similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber onal fundraising fees (Part IX, column raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equ less expenses. Subtract line 18 fro sets (Part X, line 16) oilities (Part X, line 26) ts or fund balances. Subtract line 2 ature Block obelief, it is true, correct, and comple	t equal Part VIII, column (A), line 12) lumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) all Part IX, column (A), line 25) om line 12 21 from line 20	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state	69 61 85 48 89 99	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90 503,474
Not Assets or Expenses Fund Balances Output Balances Sign	12 13 14 15 16a b 17 18 19 20 21 22 rt II	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as: Total lia Net asse Sign nalties of edge and has any kr Signatur Wolf Tiv	venue (Part VIII, column (A), lines 5 venue—add lines 8 through 11 (must and similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber onal fundraising fees (Part IX, column raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equ less expenses. Subtract line 18 fro sets (Part X, line 16) oilities (Part X, line 26) ts or fund balances. Subtract line 2 ature Block openiury, I declare that I have exam belief, it is true, correct, and completowledge. e of officer y President	t equal Part VIII, column (A), line 12) lumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) all Part IX, column (A), line 25) om line 12 21 from line 20	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state er) is based on all	69 61 85 48 89 99	0 599,088 0 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90 503,474
Not Assets or Expenses Fund Balances Output Balances Sign	12 13 14 15 16a b 17 18 19 20 21 22 rt II	Other reconstruction Total reconstruction Total reconstruction Total as Total lia Net assessing and the second reconstruction Total rec	venue (Part VIII, column (A), lines 5 renue—add lines 8 through 11 (must and similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber onal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equ less expenses. Subtract line 18 fro sets (Part X, line 16) oilities (Part X, line 26) ts or fund balances. Subtract line 2 ature Block operjury, I declare that I have exam belief, it is true, correct, and complete onwledge. e of officer y President orint name and title	tequal Part VIII, column (A), line 12) lumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 225) 12,360 11a-11d, 11f-24e) all Part IX, column (A), line 25) om line 12 21 from line 20 ined this return, including accompany ete. Declaration of preparer (other this	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state er) is based on all	92 59 51 35 38 99 99	0 599,088 0 467,420 0 467,420 1,131,123 -532,035 End of Year 503,564 90 503,474 and to the best of ation of which
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Par Expenses Expenses Par Under Prepared Par	12 13 14 15 16a b 17 18 19 20 21 22 till r pennowle	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as Total lia Net asse Sign alties of edge and has any ki Signatur Wolf Tiv Type or	venue (Part VIII, column (A), lines 5 renue—add lines 8 through 11 (must and similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber onal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equ less expenses. Subtract line 18 fro sets (Part X, line 16) oilities (Part X, line 26) ts or fund balances. Subtract line 2 ature Block operjury, I declare that I have exam belief, it is true, correct, and complete onwledge. e of officer y President orint name and title	it equal Part VIII, column (A), line 12) blumn (A), lines 1–3) umn (A), line 4) nefits (Part IX, column (A), lines 5–1 nn (A), line 11e) 225) 12,360 11a–11d, 11f–24e) ual Part IX, column (A), line 25) om line 12 21 from line 20 ined this return, including accompany ete. Declaration of preparer (other the	Be	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state er) is based on all 2024-11-15 Date Check if P	92 69 61 85 88 89 99 ments, inform	0 599,088 0 467,420 0 467,420 1,131,123 -532,035 End of Year 503,564 90 503,474 and to the best of ation of which
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Paic Prepares Paic Prepares Paic Prepares Prepar	12 13 14 15 16a b 17 18 19 20 21 22 rt III	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as: Total lia Net asse Sign nas any ke Signatur Wolf Tiv Type or	venue (Part VIII, column (A), lines 5 renue—add lines 8 through 11 (must and similar amounts paid (Part IX, col paid to or for members (Part IX, col other compensation, employee ber conal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), lines openses (Part IX, column (A), lines openses. Add lines 13–17 (must equ less expenses. Subtract line 18 fro sets (Part X, line 16) bilities (Part X, line 26) ts or fund balances. Subtract line 2 ature Block openjury, I declare that I have exam belief, it is true, correct, and complete openit name and title rint/Type preparer's name irm's name Zac Mabry LLC irm's address 750 N Saint Paul St STE 250 I Dallas, TX 75201	t equal Part VIII, column (A), line 12) blumn (A), lines 1-3) umn (A), line 4) nefits (Part IX, column (A), lines 5-1 nn (A), line 11e) 25) 12,360 11a-11d, 11f-24e) ual Part IX, column (A), line 25) bm line 12 21 from line 20 ined this return, including accompany ete. Declaration of preparer (other the	Be ying schan office	482,39 453,46 935,86 692,83 ginning of Current Year 1,040,14 4,63 1,035,50 nedules and state er) is based on all 2024-11-15 Date Check if self-employed Firm's EIN 81-07	72	0 599,088 0 467,420 0 663,703 1,131,123 -532,035 End of Year 503,564 90 503,474 and to the best of ation of which

Forr	n 990 (2	2023)					Page 2
Pa	art III	Statement of I	Program Servi	ce Accompl	ishments		
		Check if Schedule	O contains a resp	onse or note to	any line in this Part		
1	Briefly	describe the organ	nization's mission:				
					ions. To this end we gs, Workshops and C	undertake public interest resea ommunity Events.	arch, journalism, and
2		e organization unde		ant program ser	vices during the year	r which were not listed on	□Yes ▼ No
							les it in
3	Did the	s," describe these re e organization ceas es?			changes in how it co	onducts, any program	☐ Yes 🗸 No
	If "Yes	," describe these o	hanges on Sched	ule O.			
4	expens	-	(3) and 501(c)(4)	organizations a	are required to repor	nree largest program services, t the amount of grants and allo	•
4a	(Code	e:) (Expenses \$	661,497	including grants of \$) (Revenue \$)
	In 202 2023 each s nongo	 we continued publis print editions included I week. All of our articles 	hing a quarterly print Political Outcomes, Cu were made available	newsletter, which of Itural Excellence, S to the public online	collects the best articles o ocial Apocalypse, and Sili e without paywalls or adv	n international journalism, long-form a on key themes and updates stakeholde con Nemesis. New long-form articles a rertisements. We have been cited by p New York Times. 2023 saw continued	rs on our research and analysis. The published on our website prestigious governmental and
4b	(Code	2:) (Expenses \$	172,176	including grants of \$) (Revenue \$)
.5	Party- this nonly a	-State of today while tra eed through initiatives i available in Chinese. Ou	aining a new generation in translation and educ r Introductory Essays,	on of China special cation. The Center Glossaries, and Co	ists with the skills needed locates, translates, and a	s statemen and scholars with the tools I to guide our relations with the China nnotates documents of historic or stra d to make these materials accessible a	of tomorrow. The Center meets tegic value that are currently
4c	(Code	<u> </u>) (Expenses \$	56,886	including grants of \$) (Revenue \$)
40	Refact goal of and st	toring American Statecr of building capacity in cr	raft This project studie ritical areas of statecra	s Americas role in lft. To better under	the world and analyzes lo stand these questions of	ngterm U.S. foreign policy and strateg grand strategy, the project convenes power competition, emerging technol	periodic meetings, workshops,
	CUL		(Dik : : : C !	- 4 - (0.)			
4d		r program services enses \$	-	edule O.) cluding grants o	ıf \$) (Revenue \$)
40		l program service e	·	908,228	· T) (Nevenue 4	,
<u>4e</u>	1014	. p. ogram service e	vhenses	900,220			

Form 990 (2023) Page 3 **Checklist of Required Schedules**

- Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space,

VIII, IX, or X, as applicable.

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

12a bid fire of anietation of the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, 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 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

- - No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Νo

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Form 990 (2023)

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11d

11e

11f

12a

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14a

14b

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20a

20b

21

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

22

30

Part V

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

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24a

24b

24c

24d

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28a

28b

28c

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35b

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1a

1b

Yes

Yes

Form **990** (2023)

Form 990 (2023)

990 (2023)			Pag
Checklist of Required Schedules (continued)			
		Yes	No
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		No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

Hid He Granketa School field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Form **990** (2023)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No
h	over, a financial account in a foreign country (such as a bank account, securities account, or other financial සිඋප්වුණුද්) enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		N o
	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 to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	sources against amounts due or received from them.) 11b			
	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.			
	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			
	Enter the amount of reserves on hand	4.4		N -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		N o
16	IS 'thesp'rgææizեtionstruetioostæmdafilæsEiturtio47ՁმტენისტბსსლიNaection 4968 excise tax on net investment income? 	16		No
17	If "Yes," complete Form 4720, Schedule O. 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		

year by the following:

a The governing body? .

Section C. Disclosure

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apply.

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	e O. S	ee instructions.		
Se	ection A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	4		
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1		

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 in Schedule O $\,\cdot\,\,\cdot\,\,\,\cdot\,\,\,\cdot\,\,\,\,\cdot\,\,\,$

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

a The organization's CEO, Executive Director, or top management official

Own website Another's website Volon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

Wolf Tivy 548 Market St 43905 San Francisco, C A 94104 (415) 275-1848

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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?

Section 6104 requires an organization to make its Form 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

CA,DE

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written whistleblower policy?

List the states with which a copy of this Form 990 is required to be filed

14 Did the organization have a written document retention and destruction policy? .

2 3 4

supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was file the organization become aware during the year of a significant diversion of the organization's assets? . . 5 6

7a

Νo Nο Nο Nο Νo Νo

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the 8a Yes

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Νo

Yes

Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Νo

Form 990 (2023)

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

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.
- List all of the organization's former officers, key employees, or 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. Soo the instructions for the order in which to list the persons above

See the instructions for the order in which to	list the persons	abov	e.							
Check this box if neither the organization i	nor any related	organ	ization compensated any	y cu	ırreı	nt offi	cer,	, director, or tru	stee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Po u Individual trustee or director	(C) tion (do not check more nless person is both an o director/truste Institutional Trustee;	office)	cer a	ne dan Highest compensated employee	x, Former	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ш.				
(1) Matthew G Ellison Secretary	40.00	X						89,988	0	4,307
(2) Wolf Tivy	40.00									
President	0.00	Х						49,974	0	13,651
(3) Christopher J Robotham	3.00	Х						0	0	0
Treasurer	0.00	X						0	0	0
(4) Samo Burja	3.00	.,								
Director	0.00	Х						0	0	0
									Form 990 (2	023)

Par	Section A. C	officers, Direc	tors, 1	rustees, Key Employ	/ees	s, a	nd Hi	ghe	est Compensate	d Employees	(coi	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		(C) tion (do not check more nless person is both an director/truste Institutional Trustee;	offic			x, Former	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensati from relate organizatio (W-2/1099 MISC/1099 NEC)	on d ns)-	(F) Estima amount of compen from organiz and re organiz	ated of other sation the ation lated
	ub-Total												
	otal from continuation otal (add lines 1b and			ection A					139,962				17,95
2	Total number of indiv			not limited to those listent of the organization 0	ed al	bove	e) who	red	ceived more than				
												Yes	No
3	Did the organization on line 1a? If "Yes,"			, director or trustee, ke r such individual	y er	nplo •	yee, o	or hi	ighest compensat	ed employee	3		Νo
4				sum of reportable comp rater than \$150,000? <i>If</i>						rom the			
_						•				·	4		No
5				accrue compensation for es," complete Schedule							5		Νo
Se	ction B. Indepen	ident Contra	ctors										
1				ompensated independe	nt c	ontr	actors	s tha	at received more	than \$100.000	of		

5		N c
of		
n's t	ax year.	

(C) Compensation

ction B. Independent Contractors		
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 organizati	on's t	ax y

Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than

(A) Name and business address

\$100,000 of compensation from the organization 0Form 990 (2023)

	VIII		nt of Revenue										raye
		Check if Sc	hedule O contains a re	espons	e or not	e to	any I					<u> </u>	<u> [</u>
							Tot	(A) cal revenue	Relate exem funct reve	d or npt ion	(C) Unrelate busines revenue	S	(D) Revenue excluded from ax under section 512 - 514
Contr	ibutio	ns, Gifts, Grai	nts, and OtherAmt Sin	nilar Ar	mounts	1 a F	eder	ated campaig		1a			
								ership dues		1b	175,	985	
								aising events ed organization		1c 1d		- 1	
						_		ment grants (co		1e			
						a	and sim	er contributions, nilar amounts no		1f	398,	790	
						g N	above Noncas ines 1a	h contributions i a - 1f:\$	ncluded in	1g	15,	014	
						h T	otal.	Add lines 1a	-1f				74,775
				Bus	iness C	ode							
ø	2a												
ne un	b -												
Program Service Revenue	b -												
.Mce	С_												
ı Sel	d												
gran	е —												
Pro	_			+									
			am service revenue.										
	<u> </u>	r otal. Add line	3 Investment income	e (inclu	ıdina div	0 ziden		iterest and					
			other	-	_				<u> </u>	19,561	19,561		
			49inclareafrounitales 5 Royalties		of tax-e					0			
					(i) R			(ii) Persona	I				
			6a Gross rents	6a									
			b Less: rental	6b									
			c Rental income or	6c									
			d Net rental incom	e or (lo	oss).					0			
			7a Gross amount	 	(i) Secu			(ii) Other					
			from sales of	7a		67,9	70						
Φ			assets other than inventory										
Other Revenue			b Less: cost or other basis and	7b		63,2	18						
Sev			sales expenses c Gain or (loss)	7c		4.7	VE2						
ē			d Net gain or (loss)	<u> </u>	4,7				4,752	4,752		
oth			8a Gross income from fu		g events								
			(not including \$ contributions reported		1c).								
			See Part IV, line 18				la		_				
			b Less: direct expe c Net income or (lo		m fundr		g eve	nts		0			
			9a Gross income from activities.	_	_	9)a						
			See Part IV, line 1 b Less: direct expe				b						
			c Net income or (lo	ss) fro	m gamii	ng ac	tivitie	es		0			
			10a Gross sales of inv										
			returns and allow b Less: cost of goo			10							
			c Net income or (lo					ory		0			
						<u>·</u>		Business Cod	е				
			11a										
			b				-						
			_										
Oth	erReve	enueMiscAmt	с ————				+						
			d All other revenue										
			e Total. Add lines				•			0			
			12 Total revenue. Se	e instr	ructions	•				599,088	24,313		

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other all columns. All other organizations must complete all columns. All other regions for all columns. All other regions all columns. All other all columns. All columns. All columns. All other all columns. All other all colum	
Check if Schedule O contains a response or note to any line in this Part IX	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations, foreign governments, and foreign 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 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 4,621 1 4,082 10 Payroll taxes 3 1,328 28,289 2,162 1 Fees for services (non-employees): a Management 0 0 4 Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2 Advertising and promotion 4 450 4 Advertising and promotion 4 50 5 Coupancy 1 15,258 1 5,258 1 5,258 1 5,258 1 6 Ccupancy 1 7 Travel 4 3,830	(D) Fundraising expenses
Description	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Parl IV, line 21 2 Grants and other assistance to domestic individuals. See Parl IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Parl IV, line 22 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 14,621 14,621 14,622 19 Payroll taxes 31,328 28,289 2,162 11 Fees for services (non-employees): a Management 0 1 Legal 1, 12,294 1, 12,	
Part IV, line 22	10,944
Foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,944
5 Compensation of current officers, directors, trustees, and key employees . 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 . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . 9 Other employee benefits . 14,621	10,944
5 Compensation of current officers, directors, trustees, and key employees 157,921 129,549 28,372 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 0 263,550 252,606 7 Other salaries and wages 263,550 252,606 252,606 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 41,621 14,082 10 Payroll taxes 31,328 28,289 2,162 11 Fees for services (non-employees): 0 0 a Management 0 0 0 b Legal 12,294 12,294 c Accounting 0 0 0 d Lobbying 0 0 0 e Professional fundraising services. See Part IV, line 17 0 188,247 47,544 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 450 450 12 Advertising and promotion 450 450 450 14 Information technology 17,196 4,869 12,327 15 Cocupancy 15,258 </td <td>10,944</td>	10,944
(as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages	10,944
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	10,944
9 Other employee benefits	
9 Other employee benefits	
10 Payroll taxes 31,328 28,289 2,162 11 Fees for services (non-employees): 0 0 a Management 0 12,294 12,294 c Accounting 0 0 0 d Lobbying 0 0 0 e Professional fundraising services. See Part IV, line 17 0 0 0 f Investment management fees 0 0 0 0 0 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 235,791 188,247 47,544 13 Office expenses 0 450 450 13 Office expenses 0 17,196 4,869 12,327 15 Royalties 0 15,258 15,258 17 Travel 68,532 24,702 43,830	539
11 Fees for services (non-employees): a Management	877
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	
f Investment management fees	
### Gother (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) #### 12 Advertising and promotion	
column (A) amount, list line 11g expenses on Schedule O) 450 450 12 Advertising and promotion	
12 Advertising and promotion 450 13 Office expenses 0 14 Information technology 17,196 4,869 12,327 15 Royalties 0 16 Occupancy 15,258 15,258 17 Travel 68,532 24,702 43,830	
14 Information technology 17,196 4,869 12,327 15 Royalties 0 16 Occupancy 15,258 15,258 17 Travel 68,532 24,702 43,830	
15 Royalties 0 16 Occupancy 15,258 17 Travel 68,532	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any	
federal, state, or local public officials	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 0	
23 Insurance	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
a Printing and Publications 81,589 81,071 518	
b Meals 39,366 12,336 27,030	
c Supplies 8,926 4,133 4,793	
d Merchant Fees 2,607 2,607	
e All other expenses 3,055 778 2,277	
Total functional expenses. Add lines 1 through 24e 1,131,123 908,228 210,535	12,360
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	

Forn	า 990	(2023)			Page 11
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part l	ıx <u></u>	·	· · · <u>· · □</u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	976,929	1	488,550
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from any current or former officer, director,			
	i	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	6	5	0
		Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)($	В)	6	0
60	7	Notes and loans receivable, net		7	0
ssets		Inventories for sale or use		8	0
Asi	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	0
1	11	Investments—publicly traded securities		11	0
1		Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	63,219	15	15,014
		Total assets: Add lines 1 through 15 (must equal line 33)	1,040,148	16	503,564
	17	Accounts payable and accrued expenses	4,638	17	90
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trusted key employee, creator or founder, substantial contributor, or 35%	э,		
.00	i	controlled entity or family member of any of these persons		22	
		Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1	25	
	26	Total liabilities. Add lines 17 through 25	4,639	26	90
S		Organizations that follow FASB ASC 958, check here and complete			
Balances		lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
d B	28	Net assets with donor restrictions		28	İ
Fund	_	Organizations that do not follow FASB ASC 958, check here ► ✓ and			
7		complete lines 29 through 33.			
SOF		Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building or equipment fund $\ \ . \ \ \ .$		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds	1,035,509	31	503,474
0.000		Total not accets or fund halances	1 035 500	22	503.474

Form **990** (2023)

32

Total net assets or fund balances

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 in Schedule O and describe any steps taken to undergo such audits.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2023)

За

3b

Form 990 (2023) **Additional Data** Return to Form **Software ID:** 23017518 Software Version: 2023v5.1 Form 990, Special Condition Description: **Special Condition Description**

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

Name of the organization American Governance Foundation Inc

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

Schedule A (Form 990) 2023

Employer identification number

82-3895681

Inspection

OMB No. 1545-0047

3		A hospital or a coopera	ative hospital s	service organization d	escribed in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a	•	rated in conjunction w	ith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)	. Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co			versity owned c	or operated by	a governmental unit d	escribed in section
6		A federal, state, or loca	-		described in se	ection 170(b)(1	.)(A)(v).	
7	V	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.)						
8		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)						
9		An agricultural research organization described in 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 university:						
10								
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
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.						
а		Type I. A supporting or supported organization organization. You must	(s) the power	to regularly appoint o	r elect a majori			
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.						
С		Type III functionally is supported organization						rated with, its
d		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.						
е		Check this box if the ointegrated, or Type III					s a Type I, Type II, Ty	pe III functionally
f	Enter	r the number of supporte	ed organizatior	ns			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	nization(s).		1	
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	listed in you	organization ur governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))				

Total

No

Yes

Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (d) 2021 (e) 2022 (f) Total (c) 2020 (or fiscal year beginning in) Gifts, grants, contributions, and 82,829 57,735 556,290 1,628,696 589,789 2,915,339 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 82,829 57,735 556,290 1.628.696 589,789 2,915,339 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,178,270 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 1,737,069 line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 82,829 57,735 556,290 1,628,696 589,789 2,915,339 Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carrie

10 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.). **Total support.** Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions)

ied		
gain ıl		

•	40	
		2,

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13 First 5 years. If the Form 990 is for the organization's first, sec
```

			2,915
	12		
-cti	on 50	1(c)(3) c	rganization

14

15

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Section C. Computation of Public Support Percentage
 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .
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.

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					2,915,339
			12		
cond, thi	rd, fourth, or fiftl	n tax year as a se	ction 50	1(c)(3) c	rganization,

Schedule A (Form 990) 2023

59.580 %

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. 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—2022. 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	dule A (Form 990) 2023						Page 3
P	Support Schedule 1						
	(Complete only if you						
Se	II. If the organization ection A. Public Support	rails to qualify	under the te	sts listed below	r, piease compie	ete Part II)
	ndar year	(.) 2010	42222	(.) 2021	(I) 2022	(.) 2022	(C) T. ()
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
_	The value of convices or facilities						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons Amounts included on lines 2 and 3						
D	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ection B. Total Support						
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
				(6) 2021	(u) 2022	(e) 2023	(i) iotai
-	iscal year beginning in) 🕨	(4) 2019	(3) 2020				
9	Amounts from line 6	(4) 2013	(3) 2020				
-		(4) 2013					
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(4) 2313	(3) 2020				
9	Amounts from line 6 Gross income from interest, dividends, payments received on	(4)2019	(5) 2020				
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income		(5) 2020				
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from		(5) 2020				
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income		(5) 2020				
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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						
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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						
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital						
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).						
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for the security of the sale of capital assets.	the organization'	s first, second, t		•		
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization	s first, second, t		•		
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here.	the organization'	s first, second, t	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization' lic Support P	s first, second, t	2 13, column (f))	· · · · · · · · · · · · · · · · · · ·		
9 10a b c 11 12 13 14 Se 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization' organization' in the control of t	s first, second, t ercentage f) divided by line art III, line 15.	e 13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	
9 10a b c 11 12 13 14 Se 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization' the organiza	s first, second, t ercentage f) divided by line art III, line 15.	2 13, column (f))		15	
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization' in the control of the second of the seco	s first, second, t ercentage f) divided by line art III, line 15 . me Percenta blumn (f) divided A, Part III, line	e 13, column (f)) age d by line 13, column 17	nn (f))	15 16 17 18	· · · · · · · · · · ▶ □
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization' in the control of the second of the seco	s first, second, t ercentage f) divided by line art III, line 15 . me Percenta blumn (f) divided A, Part III, line not check the bo	age this by line 13, column (f)) this by line 13, column (f) this by line 13, column (f) this by line 14, and	mn (f))	15 16 · 17 18 nan 33 1/3%	, and line 17 is not
9 10a b c 11 12 13 14 Se 15 16 Se 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here	the organization Lic Support P Line 8, column (12 Schedule A, P Estment Inco 2023 (line 10c, co 1 2022 Schedule organization did ind stop here. Th	s first, second, to the content of t	age d by line 13, colum 17	mn (f))	15 16 17 18 nan 33 1/3% panization .	, and line 17 is not
9 10a b c 11 12 13 14 Se 15 16 Se 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	the organization'	s first, second, to the content of t	e 13, column (f))	mn (f))	15 16 17 18 nan 33 1/3% panization . 6 is more th	, and line 17 is not ▶ □ an 33 1/3% and line 18
9 10a b c 11 12 13 14 Se 15 16 Se 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for incheck this box and stop here	the organization'	s first, second, t ercentage f) divided by line art III, line 15 . me Percent clumn (f) divided A, Part III, line not check the bo e organization q not check a box ere. The organiz	e 13, column (f)) age d by line 13, column 17	mn (f))	15 16 17 18 nan 33 1/3% ganization . 6 is more thated organization.	, and line 17 is not ▶ □ ann 33 1/3% and line 18 ation ▶ □

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

ctions A and D, and complete Part V.)

3b and 3c below.

checked	box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you
checked box	12d, of Part I, complete Sections A and D, and complete Part V.)
Section A	All Supporting Organizations

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

1

2

За

3b

5a

5b

5c

6

7

8

9b

10a

10b Schedule A (Form 990) 2023

Yes

A. All Supporting Organizations

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.

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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

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 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. 3с 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. 4a 4b

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. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

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. 9a

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. 9c 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

Part IV Supporting Organizations (continued)

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
S	ection of Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
-5	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns).	
_	The organization satisfied the Activities Test. Complete line 2 below.		,.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.	ſ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3h below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Section A - Adjusted Net Income

Income tax imposed in prior year

instructions)

7

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

1

(B) Current Year

(optional)

(A) Prior Year

Page 6

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		
	Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

See instructions.

instructions)

See instructions.

b Excess from 2020. c Excess from 2021. . . **d** Excess from 2022. e Excess from 2023.

3j and 4c. 8 Breakdown of line 7: a Excess from 2019.

b From 2019. **c** From 2020. **d** From 2021. **e** From 2022. f Total of lines 3a through e

(iii)

Distributable

Amount for 2023

Schedule A (Form 990) (2023)

8

9

10

(ii)

Underdistributions

Pre-2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	continued)	
Section D ^Q r bastinatinas s	Current Yea	
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	

(i)

Excess Distributions

6	Other distributions (describe in Part VI). See instructions
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)
4	Amounts paid to acquire exempt-use assets
3	Administrative expenses paid to accomplish exempt purposes of supported organizations

8 Distributions to attentive supported organizations to which the organization is responsive

7 Total annual distributions. Add lines 1 through 6.

details in Part VI). See instructions

(provide

(see instructions)

1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023

3 Excess distributions carryover, if any, to 2023:

g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

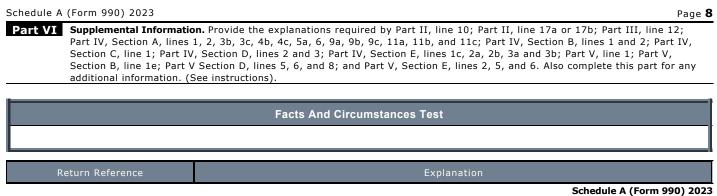
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7:

Distributable amount for 2023 from Section C, line 6 Section E - Distribution Allocations

10 Line 8 amount divided by Line 9 amount

(reasonable cause required -- explain in Part VI



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** American Governance Foundation Inc 82-3895681 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Name of organization

Employer identification number

American Governa	nce Foundation Inc	82-389568	1
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	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.)
(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.)
(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.)

Schedule B (Form 990) (2023)

Part II

(a)

No. from

Part I

(d)

Date received

Schedule B (Form 990) (2023)

Employer identification number

82-3895681

(c)

FMV (or estimate)

(See instructions)

Page 3

Description of noncash property given

(b)

Description of noncash property given

Schedule I	B (Form 990) (2023)		Page 4		
	organization Governance Foundation Inc		Employer identification number 82-3895681		
Part III	Exclusively religious, charitable, etc., contotal more than \$1,000 for the year from line entry. For organizations completing of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional spa	any one contributor. Complete co Part III, enter the total of exclusive information once. See instruction	lumns (a) through (e) and the following ely religious, charitable, etc., contributions		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	cionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift Transferee's name, address, 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	(#, 2000) pilot 1011 gill 1011		
	Transferee's name, address, and ZI		tionship of transferor to transferee		
		-	Schedule B (Form 990) (2023)		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2023

Employer identification number

Open to Public Inspection

American Governance Foundation Inc 82-3895681 Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: Part III, Line **4**d Form 990. 990 REVIEWED IN DETAIL BY OFFICERS, AND APPROVED BY BOARD OF DIRECTORS. Part VI. Section B. Line 11b Form 990, THE CONFLICT OF INTEREST POLICY APPLIES TO THE DIRECTORS OF THE FOUNDATION AND COVERS ALL THE OFFICERS AS Part VI. THEY ARE ALSO DIRECTORS. THERE ARE PRESENTLY NO KEY EMPLOYEES OTHER THAN THE OFFICERS. NO SIGNIFICANT Section B. FINANCIAL OR MANAGEMENT DECISION IS DELEGATED TO ANYONE OTHER THAN THE DIRECTORS OR OFFICERS OR Line 12c WITHOUT THEIR OVERSIGHT AND CONTROLS. THE OFFICERS OF THE FOUNDATION MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL DIRECTORS AND OFFICERS DISCLOSE CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM DECISIONS WHERE THEY MAY HAVE A CONFLICT OF INTEREST. DETERMINATIONS ARE MADE BY THE OFFICERS WHO RESOLVE UNCERTAINTY IN FAVOR OF RECUSAL. FOR EXAMPLE, IN ANY DECISION REGARDING COMPENSATION, THE OFFICER WHOSE COMPENSATION IS BEING DETERMINED IS PROHIBITED FROM PARTICIPATING IN ANY DELIBERATIONS OR DECISIONS AND ALL DECISIONS ARE MADE ONLY BY DISINTERESTED PARTIES. Form 990. THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS. Part VI. INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN Section B. 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. THE FOUNDATION FOLLOWS THE FOLLOWING Line 15a PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS, INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SUBCOMMITTEE ON EXECUTIVE COMPENSATION OF THE BOARD OF DIRECTORS IS FORMED WHICH IS COMPRISED ONLY OF NON-INTERESTED DIRECTORS AND FROM WHICH THE INTERESTED PARTY IS PROHIBITED FROM PARTICIPATING. THE SUBCOMMITTEE MEETS WITHOUT THE PRESENCE OR INVOLVEMENT OF THE INTERESTED PARTY. THE SUBCOMMITTEE RELIES ON DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS COMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM 990S FROM SEVERAL COMPARABLE ORGANIZATIONS IN THE SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST REVIEW AND APPROVE ANY AND ALL EXECUTIVE COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECISION IS CONVEYED TO THE INTERESTED PARTY. CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECORDS, OF THE SUBCOMMITTEE'S DELIBERATIONS AND DECISIONS IS KEPT IN THE FOUNDATION'S RECORDS. Form 990. THE FOUNDATION FOLLOWS THE FOLLOWING PROCESS TO DETERMINE COMPENSATION OF KEY EXECUTIVE OFFICERS. Part VI. INCLUDING THE PRESIDENT AND SECRETARY/EXECUTIVE DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN Section B, 2021 FOR THE PRESIDENT AND THE SECRETARY/EXECUTIVE DIRECTOR. AN AD HOC SUBCOMMITTEE ON EXECUTIVE Line 15b COMPENSATION OF THE BOARD OF DIRECTORS IS FORMED WHICH IS COMPRISED ONLY OF NON-INTERESTED DIRECTORS AND FROM WHICH THE INTERESTED PARTY IS PROHIBITED FROM PARTICIPATING. THE SUBCOMMITTEE MEETS WITHOUT THE PRESENCE OR INVOLVEMENT OF THE INTERESTED PARTY. THE SUBCOMMITTEE RELIES ON DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS COMPARABILITY DATA IS OBTAINED VIA INSPECTION OF FORM 990S FROM SEVERAL COMPARABLE ORGANIZATIONS IN THE SAME GEOGRAPHICAL REGION. THE SUBCOMMITTEE MUST REVIEW AND APPROVE ANY AND ALL EXECUTIVE COMPENSATION DECISIONS BEFORE ANY COMPENSATION OFFER OR DECISION IS CONVEYED TO THE INTERESTED PARTY. CONTEMPORANEOUS DOCUMENTATION, INCLUDING VOTE RECORDS, OF THE SUBCOMMITTEE'S DELIBERATIONS AND DECISIONS IS KEPT IN THE FOUNDATION'S RECORDS. Form 990, GOVERNING DOCUMENTS, AND OTHER BOOKS AND RECORDS, MADE AVAILABLE UPON REQUEST AS REQUIRED BY LAW, Part VI. REGULATIONS, AND OTHERWISE AT THE DISCRETION OF THE FOUNDATION. Section C. Line 19