Form 990 Department of the Treasury 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.

OMB No. 1545-0047 2014 Open to Public

	nal Revenue Servi		s.gov <i>n</i> orm990.	Inspec	uon				
_	·	calendar year, or tax year beginning and ending C Name of organization	·····	D Employer identification num	her				
	Check il applicable:	Government Accountability Project		D Employer Remarkation Hair	M-101				
H	Address dhange	Doing business as 52-1343924							
Ш	Name change		Roomvauite	E Telephone number					
П	initial return	1612 K Street, N.W. Suite 1100		202-457-0034					
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code							
=		Washington DC 20006		G Gross receipts 3,47	8,385				
=	Amended return	F Name and address of principal officer	History of the same	oup return for subordinates Ye	X No				
Ш	Application pending	20020 0	_	H	=				
		1612 K STREET, N.W.	1	ordinates included? Ye	B ∐ No				
		WASHINGTON DC 20006	II "N40,"	attach a list (see instructions)					
1	Tax-exempt status								
		www.whistleblower.org		mption number	<u></u>				
	Form of organization		ar of formation: 15	984 M. State of legal do	macke: DC				
<u> </u>		ummary	· · · · · · · · · · · · · · · · · · ·						
•		lescribe the organization's mission or most significant activities:							
Governance	See	Schedule O							
Ĕ									
Š	2 Charles	Links will it the construction discontinued its constitute or disconnect of more than	250/ of its pot	canata					
	,	his box [1] if the organization discontinued its operations or disposed of more than a set unline manufactor of the appropriate hadry (Port VI). Iron 10)	25% Of its fiel	3 7					
4 5 ⋅	[of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		4 7					
출	ŧ	imber of individuals employed in calendar year 2014 (Part V, line 1a)		5 25					
Activities		imber of volunteers (estimate if necessary)		6 0	-				
4		related business revenue from Part VIII, column (C), line 12		7a	0				
	i e	elated business taxable income from Form 990-T, line 34		7b	Õ				
_	D I I C DI	Land Decimes tenders from total over 1 and 5	Prior Yea	Current Ye	Her .				
	8 Contribu	tions and grants (Part VIII, line 1h)	2,037						
Ē	9 Program	n service revenue (Part VIII, line 2g)			,000				
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		18,683 17					
Œ	11 Other re	wenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		, 	,926				
_	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,109</u>	<u>,997 3,477</u>	,008				
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)							
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0				
8		, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,919						
캶		onal fundraising fees (Part IX, column (A), line 11e)	50	,470 27	1,236				
Expenses		ndraising expenses (Part IX, column (D), line 25) ▶ 209, 682	1 500	200 1 100	016				
		kpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,528						
		penses. Add lines 1317 (must equal Part IX, column (A), line 25)	3,498 -1,388		.,616				
58		e less expenses, Subtract line 18 from line 12	Beginning of Curr						
See	20 Total as	sets (Part X, line 16)	1,178						
4 . I	71 Intalia	bilities (Part X, line 26)	764	,497 674	,169				
碧	22 Net ass	ets or fund balances. Subtract line 21 from line 20			,599				
		gnature Block							
		f perjury, I declare that I have examined this return, including accompanying schedules and stat			nd belief, it i				
tru	ie, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any kno	włedge.					
		to llank		11/12/20	15				
Sig	n 🏲 🖰	Signature of officer		Date					
Here Louis Clark President									
		Type or print name and title	+ - Te						
D-**	. 1 ~	4 1N a a chi at no in a	P-A- Dete	Check I II PTIN					
Pak	111111	sa Hutchinson Marca Att Chunca		15 self-employed P00176					
	parer Firm's n		Fir	m's EIN ▶ 52-163	9708				
ψ 80	Only	P. O. Box 561		440 90=	2046				
Lan	Firm's a		Pt	nome no 410−721·					
		uss this return with the preparer shown above? (see instructions)		X Yes					
r UT	Lahaimnir Ka	duction Act Notice, see the separate instructions.		Form 3	390 (2014)				

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es La Maria de Caracteria de C	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this	Part III
	describe the organization's mission: Schedule O	
266 2	CHGULLE O	
*******		•••••

2 Did the	organization undertake any significant program services during the year which were not	listed on the
•	orm 990 or 990-EZ?	Yes X No
	" describe these new services оп Schedule O.	
	organization cease conducting, or make significant changes in how it conducts, any pro-	
services		Yes X No
	," describe these changes on Schedule O. >e the organization's program service accomptishments for each of its three largest progr	d b
expense	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gral expenses, and revenue, if any, for each program service reported.	
4a (Code: Publi) (Expenses \$ 618,587 including grants of \$.c Health / Whistleblowers) (Revenue \$)
Purdue the in broke	began the representation of a North Caroli e contractor who had allowed outside filming the conditions at a nationally at the end of 2014 with a blist cof of The New York Times.	g of his facilities to she Purdue. The explosive stop
on-sic	ght and in-person interviews with USDA meat ry. GAP continued to help lead the fight ag	inspectors from around thainst the USDA's
Corpo) (Expenses \$ 1,296,397 including grants of \$ rate & Financial Accountability) (Revenue \$)
whist Account whist confidents	ing 2014, GAP continued to receive serious leblower concerns and expanded our Corporatintability efforts by litigating both ongoin leblower reprisals cases, and investigating dential whistleblower allegations of bank a identified public interest allies, found wathem, and adopted several important confidents.	e and Financial g and potentially new current and new nd financial wrongdoing. V ys to work in coalition
o Dur	ing 2014 GAP identified and directly challe	nged corporate resistance
4c (Code: Nation) (Expenses \$ 681,170 including grants of \$ mal Security & Human Rights) (Revenue \$)
increa GAP's invest In 201 his ex conduc citize	2014, the Department of Justice continued i asing numbers of whistleblowers under the E six National Security Agency (NSA) whistle tigated: two were charged with crimes, Tom 13, as result of GAP client Edward Snowden' xile in Russia, the American public learned cted, and continues to conduct, wholesale s ens through a secretive data-mining program	spionage Act. Five out of blowers were criminally Drake and Edward Snowden. s disclosures which led to that the NSA has urveillance of U.S Snowden's decision to
ratage	se documents to selective media was based o	n his scrutiny of the
4d Other pro	rogram services (Describe in Schedule O.)	
(Expense	ses \$ including grants of\$) (Reve	nue \$
4e Total pro	ogram service expenses ▶ 2,596,154	
244	·	= 000

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election irl effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1 X 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a 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 Х 11b 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 X 11c 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 X 114 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 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 18 X Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III

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

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

20a

X

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Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 X 24a 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 X 25a 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 \mathbf{X}_{-} 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section \$01(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O., 38

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Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Pa	<u>art V.</u>				X
		: 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	I		150,000		
_	reportable gaming (gambling) winnings to prize winners?	· · · · · · · · · ·		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0 F			
	Statements, filed for the calendar year ending with or within the year covered by this return		25	9136,77		يتجريح
D	If at least one is reported on line 2a, did the organization file all required federal employment tax re		, 	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)				7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3b	 	├
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or oth		•	ľ		Į
	over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	mnanc	aaı	4		x
ь	If "Yes," enter the name of the foreign country: ▶	• • • • • • •		4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Acco	hunte	V 10.70.0		
	(FBAR).	ها ۸۰۰۰	Dunis	3,000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	2		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5b	\vdash	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	oacao.	' *	5c	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	d the		- 50		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions :		.	-	
	gifts were not tax deductible?		•	6b]
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • •		(5).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fi	or good	ds	\$500000 680000		, Ta
	and services provided to the payor?	_		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		·		
	required to file Form 8282?			7c		X
þ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Window.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	it contr	act?	. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?	, 	. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	8899 as required?	. 79		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained (by the		<u> ja jaka</u>	
_	sponsoring organization have excess business holdings at any time during the year?			8	. 15	,
9	Sponsoring organizations maintaining donor advised funds.			W. A.	<u> </u>	
a	Did the sponsoring organization make any taxable distributions under section 4966?			. 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • •		. 9b		X
10	Section \$01(c)(7) organizations. Enter:	احمدا		1000		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				7. 27.
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
'' a	Cross inches from paymbox or charabaldors	11a		5.00 pt 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	110				
-	against advanta due or manifed from them	11ь		100		, in
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		D41?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	• • • • • • • • • • • • • • • • • • • •		J 18	30 M
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.			(A.)	i eni	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				1.1.
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheo	lule O.	***************************************	14b		<u></u>

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Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7	57		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar			eralari Marin		
	committee, explain in Schedule O.					
Ь	Enter the number of voting members included in line 1a, above, who are independent	1b	7	1.4.7		14.47
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					10 mm
	any other officer, director, trustee, or key employee?			2	X	Ь—
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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	.		7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					1
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year i	by the followi		arta k Jako A	
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		• • • • • • • • • • • • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	بينيين		9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the	<u>inte</u>	rnal Rever	ue C	ode.	<u> —</u>
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				i	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ī	in Andre
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to	conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	70.1
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?		Salar.		
a	The organization's CEO, Executive Director, or top management official			15a	<u>X</u>	<u> </u>
ь	Other officers or key employees of the organization	.		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			40.1		
16a				45.55		1
	with a taxable entity during the year?			16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				*******	######################################
_	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed > AK, AL, AR, AZ, CA, CO, C1			L,KS	, KY	,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy, and			
~~	financial statements available to the public during the tax year.					
20 121	State the name, address, and telephone number of the person who possesses the organization's books and reliable to the control of the person who possesses the organization's books and reliable to the control of the person who possesses the organization's books and reliable to the control of the person who possesses the organization's books and reliable to the control of the person who possesses the organization's books and reliable to the control of the person who possesses the organization is books and reliable to the control of the person who possesses the organization is books and reliable to the control of the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who possesses the organization is books and reliable to the person who person is the person of the person who person is the person of	cords				
	lizabeth Lamb 1612 K St. NW #1100	٠.	200	_ # =	7_ ^	በ፯ል

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

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

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

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

(A) Name and Title	(B) Average hours per week (tist any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutional trustae	Officer	Кву етріоуве	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)Louis Clark		†			Н	_					
President	40.00	x		x			:	106,319	o	•	
(2)Beatrice Edward		┿		_	\vdash	-		100,319		O	
(-/	40.00										
Executive Director	0.00	X						103,530	o	0	
(3) Getulio Carvalh									-		
	1.00					ļ					
Board Member	0.00	X	Ь.	lacksquare				0	0	0	
(4)Richard Foos	1 00										
Board Member	1.00	x						ام		•	
(5)Mark Niles	0.00	^	\vdash		H	\dashv		0	0	0	
(0)2222	1.00										
Board Member	0.00	X					ĺ	ol	o	0	
(6)Rick Salzman		1								 	
	1.00										
Board Member	0.00	X						0	0	0	
(7)Bradford Weeks								ľ			
Board Member	1.00	x				Ī		_		•	
(8) Kathleen Clark	0.00		Н	\vdash	\dashv	\dashv		O	0	. 0	
(o)Raciiiden Ciaix	1.00								1		
Board Member	0.00	X						o	O	0	
(9) Joanna Gualtier						\neg		-		<u>*</u>	
	1.00						ļ		i		
Chair	0.00	$ldsymbol{oxed}$	Щ	X				0	0	0	
(10)Thomas Devine	40.00					ļ					
· ·····	40.00					\mathbf{x}		102 002	ا	^	
(11)Karen Gray	0.00	\vdash				弁	\dashv	103,903	0	<u> </u>	
(\range	40.00										
	0.00	.	l			x		103,570	o	0	

(A) Name and title	(B) Average hours per week (list any hours for	c, unite	(C Posi check r ess per nd a di	ition more	is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Richard Condit				П						,,
***************************************	40.00 0.00					x		100,751	o	
(13)Jesselyn Radack				H		•		100,751		<u>0</u>
	40.00					-		100 200		
(14)	0.00	Η.				X		100,308	0	0
(15)						:				
/46\										
(16)										
445		<u> </u>		\sqcup						
(17)										
(18)				T						
			ĺ							
(19)				\vdash					-	
1b Sub-total							<u> </u>	618,381		
c Total from continuation sh		, Sec	tlor	η Α, ,			•		· · · · · · · · · · · · · · · · · · ·	·
d Total (add lines 1b and 1c) Total number of individuals (ii		limit	ed to	thos	 se li	sted	<u>▶</u> lahv	618,381	an \$100 000 of	
3 Did the organization list any fremployee on line 1a? If "Yes, 4 For any individual listed on line organization and related on line for services rendered to the organization."	ormer officer, d " complete Sche te 1a, is the sun nizations greate 1a receive or ac rganization? If "	irecto edule n of r r tha	or, or J fo epor n \$1	table 50,00	ch ir coi 00?	ndivid mper if "Y	dual nsat 'es,'	ion and other compensation complete Schedule J for any unrelated organization	on from the such	Yes No X X X X
Section B. Independent Contract Complete this table for your fi		sens:	ated	inde	nen	deni	COL	atractors that received more	me than \$100,000 of	
compensation from the organ	ization. Report	comp	ens	ation	for	the	cale	ndar year ending with or w	ithin the organization's ta	
T.M. Guyer and Ayer	(A) business address	enc	la.	DÉ	70	1 1) chn	Descript	(B) ion of services	(C) Compensation
Seattle	WA		-					arar way on we	-	133,000
· · · · · · · · · · · · · · · · · · ·										
				_						
Total number of independent received more than \$100,000 DAA									1	Form 990 (2014)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII... (C) (D) Revenu Unrelated exempt function bu**sirves**s excluded from tax reverue гемелие 512-514 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d Program Service Revenue Contributions, Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,013,029 1f g Noncesh contributions included in lines 1a-1f: \$ 3,013,029 Busn. Code 422,000 422,000 Attorney Fees f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 18,430 18,430 Income from investment of tax-exempt bond proceed 5 Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. Rental inc. or floss Net rental income or (loss) Gross amount from sales of assets other than inventor b (less) cost or other <u>1</u>,377 basis & sales exps -1,377 c Gain or (loss) -1,377 -1,377 d Net gain or (loss)..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 24,926 24,926 Reimbursed Expenses 11a b d All other revenue e Total. Add lines 11a-11d 24,926 ▶ 3,477,008 445,549 18,430 Total revenue. See instructions...

Page 10

Statement of Functional Expenses	

Sec	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp	complete all columns. All o conse or note to any line in	ther organizations must c this Part IX	omplete column (A).	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		il de la companya de		
	and domestic governments. See Part IV, line 21	<u> </u>			
2	Grants and other assistance to domestic		\(\frac{1}{2}\)		an a
	individuals. See Part IV, line 22			Marin Carlotte Marin Carlotte	
3	Grants and other assistance to foreign		76 55		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u> </u>	March Courses (1966, 1969) 1964	and the state of t
5	Compensation of current officers, directors,				
	trustees, and key employees	209,848	144,977	46,545	18,326
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	1,271,388	1,107,161	104,336	59,891
8	Pension plan accruals and contributions (include	40.040			
_	section 401(k) and 403(b) employer contributions)	40,948	35,764	3,336	1,848
9	Other employee benefits	279,409	242,846	24,974	11,589
10	Payroll taxes	114,347	97,865	11,256	5,226
11	Fees for services (non-employees):				
a		1 550			
b		1,758	1,758		
C	Accounting	16,114	13,682	1,808	624
d	Lobbying	00.000	and the second s	- Description of Construction (Construction State	
0	Professional fundraising services. See Part IV, line 17	27,236			27,236
f	Investment management fees				<u>.</u>
g	, -	500 556	400 400	04 554	
	(A) amount, list line 11g expenses on Schedule O.)	520,556	486,108	24,574	9,874
12	Advertising and promotion	2,814	2,535	208	71
13	Office expenses	81,482	72,983	7,136	1,363
14	Information technology				
15	Royalties	010 045	150 506	01.016	
16	Оссирапсу	210,245	179,586	21,016	9,643
17	Travel	57,372	56,158	872	342
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 250	4 050		0.5
20	Interest	4,350	4,052	213	85
21	Payments to affiliates	7 703	6 600	084	200
22	Depreciation, depletion, and amortization	7,793	6,539	871	383
23	Insurance Other arrange and arranged	9,812	8,329	714	769
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	Margaria III. (1976-1916), Million III. (1976-1916), Million III. 1970-1984 (1978-1984), Million III. (1976-1984), Million III. (1976-1984), Million III. (1976-1984), Million 2016-1984 (1976-1984), Million III. (1976-1984), Million III. (1976-1984), Million III. (1976-1984), Million			
_	(A) amount, list line 24e expenses on Schedule ().) Direct mail production	82,497	40 747	2 045	27 005
a	Deposition and Arbitration	37,816	40,747 35,458	3,945	<u>37,805</u>
þ	Telephone	24,745	21,336	1,618 2,335	740
d	Telecanvassing Expense	20,992	21,330	2,333	1,074 20,992
a e	All other expenses	43,870	38,270	3,799	1,801
		3,065,392	2,596,154	259,556	
25 26		3,003,372	2,350,134	239,330	209,682
20	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)				

er op 1	Balance Sheet					,-,-
	Check if Schedule O contains a response or n	ote to any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			350,642	1	270,272
2	Savings and temporary cash investments		L		2	
3	Pledges and grants receivable, net			266,000	3	650,000
4	Accounts receivable, net			51,718	4	29,387
5	Loans and other receivables from current and forme	r officers, direc	ctors,	American Control of the Control of t		
	trustees, key employees, and highest compensated			esa neroccoloria je como katori Sloti		
	Complete Part II of Schedule L		L		5	
6	Loans and other receivables from other disqualified					
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing employers an			in the state of th
	sponsoring organizations of section 501(c)(9) volunta	ary employees	beneficiary			And the second s
28	organizations (see instructions). Complete Part II of	Schedule L			6	
7 7886t8	Notes and loans receivable, net				7	
₹ 8	Inventories for sale or use			3,807	8	3,087
9	Prepaid expenses and deferred charges			34,335	\$	32,092
10ε	Land, buildings, and equipment: cost or		<i>p</i>			
	other basis. Complete Part VI of Schedule D	10a	78,647			
b	Less: accumulated depreciation	10b	70,220	12,670	10c	8,427
11	Investments—publicly traded securities		`L	353,511	11	446,117
12	Investments—other securities. See Part IV, line 11				12	· 1
13	Investments—program-related. See Part IV, line 11				13	
14	intangible assets				14	
15	Other areata Con Bort N/ line 11		105,791	15	85,386	
16	Total assets. Add lines 1 through 15 (must equal lin			1,178,474	16	1,524,768
17	Accounts payable and accrued expenses			331,598		276,221
18	Grants payable		ì		18	•
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete Part			300,261	21	27,203
ያ 22	Loans and other payables to current and former office					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
≝	trustees, key employees, highest compensated emp		Į.	33.51 30.51 30.51 (1.1.52) (1.1.54) (1.1.54)	Garden er	
	disqualified persons. Complete Part II of Schedule L	-			22	
□ 23	Secured mortgages and notes payable to unrelated t				23	
24	Unsecured notes and loans payable to unrelated thir	-			24	· · · · · · · · · · · · · · · · · · ·
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2	24). Complete	Part X			
	of Schedule D	132,638	25	370,745		
26	Total liabilities. Add lines 17 through 25			764,497	26	674,169
	Organizations that follow SFAS 117 (ASC 958), or	heck here 🕨	K and		• •	
Net Assets or Fund Balances 22 23 31 32 32	complete lines 27 through 29, and lines 33 and 3	14.			eles.	
27	Unrestricted net assets			177,096	27	200,599
m 28	Temporarily restricted net assets		236,881	28	650,000	
E 29				29	••••••••••••••••••••••••••••••••••••••	
<u> </u>	Organizations that do not follow SFAS 117 (ASC	958), check l	here 🕨 and		e ar ea	
5	complete lines 30 through 34.	2		Part.	vi krigarija intokrijas ir ilganijas kasiliklija. Najvijas krigarijas ir ilganijas kasiliklijas ir Al	
30	Capital stock or trust principal, or current funds			30		
31	Paid-in or capital surplus, or land, building, or equipn				31	
32	Retained earnings, endowment, accumulated income				32	
33				413,977	33	850,599
34	Total liabilities and net assets/fund balances			1,178,474	34	1,524,768

Form 990 (2014)

om	n 990 (2014) Government Accountability Project 52-1343924		Page 12
	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,477,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,065,392
3	Revenue less expenses. Subtract line 2 from line 1	3	411,616
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	413,977
5	Net unrealized gains (losses) on investments	5	25,006
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	850,599
	Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	,	<u></u>
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		things the second of the second of the
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ar a fall a said at a said a tall. Walio a said a said a said a said a said a
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		Agricologica de la companya Maranga da haranga da
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		Market in the second of the se
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a
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.

SCHEDULE A (Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Name of t	he organization	Government A	Accountability	Proje	ect	Employer ide 52-13	entification number	
Magazini da gama da g Gama da gama da g Gama da gama d	Reas		y Status (All organization					
The org			use it is: (For lines 1 through 1				· · · · · ·	
1	A church, co	onvention of churches, or as	sociation of churches describe	ed in sect	tion 170(b)(1)(A)(i).		
2	A school de	scribed in section 170(b) (1)(A)(ii). (Attach Schedule E.)					
3	A hospital o	r a cooperative hospital ser	vice organization described in	section 1	I70(b)(1)	(A)(iii).		
4 :	A medical re city, and sta		ed in conjunction with a hospit	tal descrit	ed in sec	ction 170(b)(1)(A)(iii). Ente	the hospital's name	₿,
5 [_	An organiza		t of a college or university own	ed or ope	rated by	a governmental unit describe	ed in	
6			governmental unit described i	n section	170(b)(D/AXv).		
7 X		-	substantial part of its support		, ,		public	
'		section 170(b)(1)(A)(vi).		J				
8	A communit	y trust described in section	170(b)(1)(A)(vi). (Complete I	Part II.)				
9	An organiza	tion that normally receives:	(1) more than 33 1/3% of its s	upport fro	m contrib	outions, membership fees, ar	nd gross	
	receipts from	n activities related to its exe	mpt functions—subject to cert	tain excep	tions, an	d (2) no more than 33 1/3%	of its	
	support from	gross investment income	and unrelated business taxable	e income	(less sec	tion 511 tax) from businesse	s	
	acquired by	the organization after June	30, 1975. See section 509(a)	(2) . (Con	iplete Pa	rt III.)		
10	-	-	l exclusively to test for public s	-		V 11 1		
11		*	exclusively for the benefit of,	-			•	
			ations described in section 50					
1.			scribes the type of supporting	_			-	
a [ited, supervised, or controlled	-	•		•	
			to regularly appoint or elect a	majority	of the dire	ectors or trustees of the supp	porting	
. 11		. You must complete Part	·					
b			rvised or controlled in connect			1 // 1	-	
		(s). You must complete P	g organization vested in the sa	ine perse	ons mat c	ontroi or manage the suppor	Tea	
c i			porting organization operated	in conne	ction with	and functionally intermied	ith	
· :			ctions). You must complet e			• •	WILLI	
d [A supporting organization ope	•		• •	tion(e)	
- 1.			rganization generally must sat				• •	
		• •	st complete Part IV, Section	-		•	-000	
e			ed a written determination from					
			unctionally integrated supporting			21 / 21 / 21		
f En	iter the numbe	er of supported organization	\$					
g Pr	ovide the follo	wing information about the	supported organization(s).					
	ne of supported ganization	(H) EłN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vt) Amount of other support (so instructions)	
			(see instructions))	Yos	No	indudation in y		
A)				- · · · · -	NO	<u> </u>		
B)								
C)	-							
D)				-				
				ļ <u>-</u>				
E)								
			MANAGORA SANTANIAN S	i dia Cappyonia.	ye. Alexeny			

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,648,429 1,939,270 2,722,821 2,037,956 3,013,029 12,361,505 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 1,939,270 2,722,821 2,037,956 3,013,029 12,361,505 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) 3,520,896 Public support. Subtract line 5 from line 4. 8,840,609 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 7 2,648,429 1,939,270 2,722,821 2,037,956 3,013,029 12,361,505 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5,035 10,525 23,947 18,683 18,430 76,620 sources Net income from unrelated business activities, 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 7 through 10 12,438,125 Gross receipts from related activities, etc. (see instructions) 12 12 2,433,495 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, check this box and stop here ▶ ; Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 71.08% Public support percentage from 2013 Schedule A, Part II, line 14 15 69.71% 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. 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 10%-facts-and-circumstances test-2013. 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

instructions

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

supported organization

Schedule A (Form 990 or 990-EZ) 2014 Government Accountability Project 52-1343924

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	y quality aride	T the tests hat	sa below, pica	se complete i	ait ii.)	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose				1		
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines:7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or toss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
<u>. </u>	organization, check this box and stop he						>
Sec	tion C. Computation of Public S				-		
15	Public support percentage for 2014 (line 8						<u>%</u>
16	Public support percentage from 2013 Sch					16	<u> </u>
	tion D. Computation of Investm				<u> </u>		
17	Investment income percentage for 2014 (13, column (f))			<u>%</u>
18	Investment income percentage from 2013						%_
19a	33 1/3% support tests—2014. If the org					•	▶ 1 1
	17 is not more than 33 1/3%, check this b	-	_				; ▶ ⊔
Ь	33 1/3% support tests—2013. If the org line 18 is not more than 33 1/3%, check to						a Na "TI
20	Private foundation. If the organization d	_	_			- ,,,,	\$

Schedule A (Form 990 or 990-EZ) 2014 Government Accountability Project 52-1343924

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

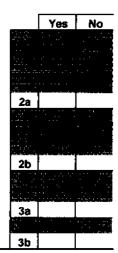
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part V!** when and how the organization made the determination.
- 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 you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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- 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).

2 Activities Test. Answer (a) and (b) 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 (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.
- Parent of Supported Organizations. Answer (a) and (b) 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? 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.



Schedule A (Form 990 or 990-EZ) 2014 Government Accountability Project 52-1343924 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5

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

Schedule A (Form 990 or 990-EZ) 2014

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

emergency temporary reduction (see instructions)

instructions).

Sched	ule A (Form 990 or 990-EZ) 2014 Government Accoun			
	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued	
-	lon D - Distributions		<u>-</u>	Current Year
<u>1</u>	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose	es or supported		i
3	organizations, in excess of income from activity	enorted amanizations		
	Administrative expenses paid to accomplish exempt purposes of sup	porteu diganizations		<u> </u>
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			-
-5-	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 organi	zation is responsive		
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			A CONTRACTOR OF THE STATE OF TH
	(reasonable cause required-see instructions)			Man de la lamana.
3	Excess distributions carryover, if any, to 2014:		e lage presentativité parque la laborativité de la companya de la companya de la companya de la companya de la La companya de la co	
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b	Company of the Compan			
С				· 1 1
d				
9	From 2013	Mark Paragon Comment		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	Application of the second seco		e de la companya de Mangala de la companya
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	e en transe mindiggering against the large La consection for a transfer and a consection of	e managayy (a a a ara) e managayy (a a ara)	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$		hang Magazin a ta	
a	Applied to underdistributions of prior years			reform from the production of the comment of the co
	Applied to 2014 distributable amount	Affin Affide Afficial Affi		
C	Remainder. Subtract lines 4a and 4b from 4.		al and a grade in the second second a grade for a second second second	
5	Remaining underdistributions for years prior to 2014, if	and the second of the second o		
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		and the second of the second o	Walter Charles of Carlot and
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	te legan para sa na national a consideration de la consideration d		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
þ	The state of the s			
C	- The state of the			
	Excess from 2013			
e	Excess from 2014	aphylician is a six production as a second control of		

Schedule A (F	(Form 990 or 990-EZ) 2014 Government Accountability Project 52-13439 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, I	24 Page 8 ine 17a or 17b; and
	Part III, line 12. Also complete this part for any additional information. (See instructions.)	
• • • • • • • • • • • • • • • • • • • •	······································	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizations: Complete Pa	rt III.			
Nam	e of organization Government Account			52-13439	
AST CONS BELLIA	Complete if the organization is e	xempt under section 5	01(c) or is a se	ection 527 organ	ization.
1	Provide a description of the organization's direct and in	ndirect political campaign activ	ities in Part IV.		
2	Political expenditures	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ \$	
3	Volunteer hours				
· · · · · · · · · · · · · · · · · · ·	Complete if the organization is e	xempt under section 5	01(c)(3).		
1	Enter the amount of any excise tax incurred by the org				
2	Enter the amount of any excise tax incurred by organiz	ation managers under section	4955	→ \$	
3	If the organization incurred a section 4955 tax, did it file	e Form 4720 for this year?			Yes No
4a	144				Yes No
<u>b</u>	If "Yes," describe in Part IV.				1 1 1
g 11 1904 11 125	Complete if the organization is e	xempt under section 5	01(c), except s	ection 501(c)(3).	•
1	Enter the amount directly expended by the filing organi	zation for section 527 exempt	function		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds cont	ributed to other organizations	for section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2.	Enter here and on Form 1120	-POL,		
	fine 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this				Yes No
5	Enter the names, addresses and employer identification	n number (EIN) of all section 5	527 political organiz	ations to which the fili	ng
	organization made payments. For each organization lis	sted, enter the amount paid fro	m the filing organiz	ation's funds. Also ent	ter
	the amount of political contributions received that were	· · · · ·			
	as a separate segregated fund or a political action com-	mittee (PAC). If additional spa	ice is needed, prov	ide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)				- <u>-</u>	
(3)	, , , , , , , , , , , , , , , , , , ,	+			
(4)					-
(5)			 		· · · · · · · · · · · · · · · · · · ·
,					
(6)					

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check 🕨 🗀

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affikated group totals
1a	Total lobbying expenditures to influence put		0	
	Total lobbying expenditures to influence a le		57,147	1 /* /
	Total lobbying expenditures (add lines 1a ar		57,147	
	Other exempt purpose expenditures		3,008,245	
0	Total exempt purpose expenditures (add line	es 1c and 1d)	3,065,392	
	Lobbying nontaxable amount. Enter the amount columns.		303,270	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	graph mitted a sylve engage en opposition op men Tener als sylver en en graphe en	and program and a selection of the selection of the profit of the selection of the profit of the selection o
	Not over \$500,000	20% of the amount on line te.		
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		an kana tahun 1996, ang Kabupatèn Pipi. Kanada na manggapat panggapat na manggapat
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
$oldsymbol{\perp}$	Over \$17,000,000	\$1,000,000.		patrol allegar de Maria
g	Grassroots nontaxable amount (enter 25% of	of line 1f)	75,818	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0	
j	:	er line 1h or line 1i, did the organization file Form		Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-Year	Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	292,731	306,371	324,940	303,270	1,227,312
b Lobbying ceiling amount (150% of line 2a, column(e))					1,840,968
c Total lobbying expenditures	62,316	63,511	56,353	57,147	239,327
d Grassroots nontaxable amount	73,183	76,593	81,235	75,818	306,829
Grassroots ceiling amount (150% of line 2d, column (e))					460,244
f Grassroots lobbying expenditures		3,388		o	3,388

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (F	orm 990 or 99	0-EZ) 2014	Gover	nment	Accou	<u>intabil</u>	ity	Project	52-134	3924	Page 4
	Suppl	<u>emental</u>	<u>Informa</u>	tion (co	ntinued)				52-134		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

G	overnment Accountability Project		52-1343924
3.3	Organizations Maintaining Donor Advised Complete if the organization answered "Yes" t		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised	
•	funds are the organization's property, subject to the organization's e	valuable land and all	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	***************************************	
•	only for charitable purposes and not for the benefit of the donor or de		
	conferring impermissible private benefit?	one terror, er for any only purpose	Yes No
	Conservation Easements.		
-	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education)	<u> </u>	
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	,	servation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	17/06, and not on a	
	historic structure listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	nization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		
	>	·	·
7	Amount of expenses incurred in monitoring, inspecting, and enforcin	g conservation easements during the ye	ear
	▶\$	-	
8	Does each conservation easement reported on line 2(d) above satisf	fy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
	Organizations Maintaining Collections of A Complete if the organization answered "Yes" to	i rt, Historical Treasures, or O t o Form 990, Part IV, line 8.	ther Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958)	· · · · · · · · · · · · · · · · · · ·	and balance sheet
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		
_	works of art, historical treasures, or other similar assets held for pub	-	
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	AND A		···· • \$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain	n. provide the
-	following amounts required to be reported under SFAS 116 (ASC 95	_	'i E
а	Revenue included in Form 990, Part VIII, line 1	. •	> \$
	Assets included in Form 990, Part X		

chedul	e D (Form 990) 2014 Governme	ent Accountal	oility Pr	oject .	<u>52-1343</u>	924		Page 2
	Organizations Maintain	ing Collections of	Art, Historic	al Treasure	s, or Other	Similar As	sets (cor	ntinued
3 Us	sing the organization's acquisition, acce illection items (check all that apply):	ssion, and other records	, check any of the	following that	are a significa	nt use of its		
a	Public exhibition	d 📙 Loa	n or exchange p	rograms				
b	Scholarly research	e Cth	ner	_				
ε _	Preservation for future generations							
4 Pr	ovide a description of the organization's	collections and explain	how they further t	he organization	n's exempt pur	pose in Part		
XI	Н,							
5 D.	iring the year, did the organization solic	it or receive donations of	art, historical tre	asures, or other	r similar			
as	sets to be sold to raise funds rather tha		rt of the organiza	tion's collection	1?		Yes	. No
	Escrow and Custodial A Complete if the organizat		' to Form 990,	Part IV, line	e 9, or repo	rted an amo	ount on Fo	orm
	990, Part X, line 21.			·				
	the organization an agent, trustee, cust							
inc	cluded on Form 990, Part X?						Yes	X No
b If	'Yes," explain the arrangement in Part X	(III and complete the folio	owing table:					
							Amount	
¢ Be	eginning balance					1c		
d Ad	Iditions during the year	• • • • • • • • • • • • • • • • • • • •				1d		
e Dis	stributions during the year					1e		
f En	iding balance					1f	, , , , <u></u>	
	d the organization include an amount or						X Yes	No
	Yes," explain the arrangement in Part X	(III. Check here if the exp	lanation has bee	n provided in P	art XIII			X
and the same of	maritime in the second							
	Complete if the organizat	ion answered "Yes"	to Form 990,	Part IV, line	<u> 10.</u>			
		(a) Current year	(b) Prior year	(c) Two years	back (d) T	hree years back	(e) Four yea	ars back
	ginning of year balance		" ",	<u> </u>				
	ontributions							
c Ne	t investment earnings, gains, and						1	
los	ses							
	ants or scholarships							
e Otl	her expenditures for facilities and						ŀ	
	ygrams L						•	
	ministrative expenses							
g En	d of year balance			<u> </u>			<u> </u>	
2 Pro	ovide the estimated percentage of the c	urrent year end balance	(line 1g, column (a)) held as:				
a Bo	ard designated or quasi-endowment 🕨	%						
	manent endowment ▶ %							
c Te	mporarily restricted endowment	%						
	e percentages in lines 2a, 2b, and 2c sh	•						
3a Are	e there endowment funds not in the pos	session of the organizati	on that are held a	nd administere	d for the			
	ganization by:						Ye	s No
(i)	unrelated organizations						3a(i)	
(11)	related organizations						3a(ii)	
b If"	Yes" to 3a(ii), are the related organization	ons listed as required on	Schedule R?				3b	L
	scribe in Part XIII the intended uses of t							
	Land, Buildings, and Eq Complete if the organizati		to Form 990,	Part IV, line	: 11a. See I	Form 990. F	Part X. line	e 10.
	Description of property	(a) Cost or other basis (investment)		other basis	(c) Accumula depreciatio	led	(d) Book valu	
1a Lar	nd	·		W/C Con.	SS (d. 1961) december de Propress (Sancta Colonia)			· · · · · · · · · · · · · · · · · · ·
	ildings		<u> </u>	Pass	S. 198 S. M. W. W. Land of J. School Co. T. Salva	No. of the state o		
	·		+					

8,427

8,427

66,148 4,072

74,575

4,072

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (f	gm 990) 2014 Government Accountab	<u>ility Projec</u> t	52-1343924	Page 3
N. S.	Investments—Other Securities. Complete if the organization answered "Yes"			
	(a) Description of security or category	(b) Book value		of valuation:
	(including name of security)		1 ''	ear market value
(1) Financial	derivatives	<u> </u>	···	
(2) Closely-he	eld equity interests			-··- <u>-</u>
(O) O(L				
	***************************************	- · · · · · · · · · · · · · · · · · · ·		
(C)				
(D)	***************************************			
(E)	,			
(<u>F)</u>	***************************************			
(G)	:			
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			waliwasi janghah liby
er Turk	Investments—Program Related.			
	Complete if the organization answered "Yes"		<u>, line 11c. See Form 9</u>	90, Part X, line 13.
	(a) Description of investment	(b) Book value	1 '''	of valuation:
			Cost or end-of-y	sar market value
(1)				
(2)		-	 .	
(3)			<u> </u>	
(4)			<u> </u>	
(5)		<u>. </u>		
<u>(6)</u>			··	
(7) (8)	·			
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		galgateat the constraint and confident	The growing are made grown in more
William Column	Other Assets.		A COMMENT A STATE OF THE PROPERTY OF THE PARTY.	and the first of the section with
Menokin post Constant Island	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11d See Form 9	On Part Y line 15
	(a) Description	to rollingoo, rait it	mile i id. Occ i onn c	(b) Book value
(1)	GAP Litigation Fund			79,691
(2)	Deposits	***		5,695
(3)				0,000
(4)				
(5)	B. T. Christiania III.			
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)		···	····	
(9)				
Fotal. (Columi	(b) must equal Form 990, Part X, col. (B) line 15.)	·· ·-		85,386
Editores de milio	Other Liabilities.		<u>-</u>	
	Complete if the organization answered "Yes" line 25.	to Form 990, Part IV	, line 11e or 11f. See I	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		ng ing panggalang manangkan
	ncome taxes	<u> </u>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	of Credit	370,745		
(3)		1	Carrier Communication (Communication Communication Communi	
(4)			ASSESSMENT OF THE	

1.	(a) Description of liability	(b) Book value	
(1) Fede	eral income taxes		
(2) Lir	ne of Credit	370,745	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 25.)▶ 370,745	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" to Form	Statomonte W	ith Revenue ne		_
			r Ketui	m.
Total revenue, gains, and other support per audited financial statements	990, Fan IV, I	ine iza.	4	3,502,01
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			Variabili	3,302,01
Net unrealized gains (losses) on investments	2a	25,006	######################################	
Donated services and use of facilities	2b	= = 7 7 7 7	Francisco (Constitution of Constitution of Con	
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2đ			
Add lines 2a through 2d			2e	25,00
Subtract line 2e from line 1	********		3	3,477,00
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
nvestment expenses not included on Form 990, Part VIII, line 7b				
Other (Describe in Part XIII.)	[<u>4b</u>]	. <u> </u>		
odd lines 4a and 4b otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	, , , , , , , , , , , , , , , , , , ,		4c	2 477 000
Reconciliation of Expenses per Audited Financial				3,477,00
Complete if the organization answered "Yes" to Form	990 Part IV II	ine 12e	per Nei	wm.
otal expenses and losses per audited financial statements	550, 1 dit 14, 11	iic iza.	1	3,065,392
mounts included on line 1 but not on Form 990, Part IX, line 25:	*****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n pager con in pager con in a normal lat	3,003,332
onated services and use of facilities	2a		A CONTRACTOR	
rior year adjustments				
ther losses				
ther (Describe in Part XIII.)	2đ		V V APO CASALY	
dd lines 2a through 2d			2e	
ubtract line 2e from line 1			3	3,065,392
mounts included on Form 990, Part IX, line 25, but not on line 1:			The Control of the Co	
vestment expenses not included on Form 990, Part VIII, line 7b	4a		1815034 21 2423	
ther (Describe in Part XIII.)	4b	<u> </u>		
			4c	2 0 0 5 200
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4c 5	3,065,392
Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	8.)		5	
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. 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	5	
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	3.) ; Part IV, lines 1b a provide any additio	and 2b; Part V, line 4	5 1; Part X,	
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	3.) ; Part IV, lines 1b a provide any additio	and 2b; Part V, line 4	5 1; Part X,	
Supplemental Information. Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part IV, Line 2b - Escrow Liability Arra	; Part IV, lines 1b a provide any addition	and 2b; Part V, line 4 nal information. Explanatio	5 1; Part X,	line
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part IV, Line 2b - Escrow Liability Arra en the organization takes on a case, a	Part IV, lines 1b approvide any addition angement I	and 2b; Part V, line of nal information. Explanation is reques	5 I; Part X, n ted 1	line
otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to get IV, Line 2b - Escrow Liability Arrays the organization takes on a case, as	Part IV, lines 1b approvide any addition angement I	and 2b; Part V, line of nal information. Explanation is reques	5 I; Part X, n ted 1	line
Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to get IV, Line 2b - Escrow Liability Arrays and the organization takes on a case, as Eront legal costs. There is a separat	Part IV, lines 1b approvide any addition angement I an amount to bank ac	and 2b; Part V, line on all information. Explanation is reques ecount tha	5 i; Part X, n ted 1 t hol	line to cover th
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Schedule D	(Form 990) 201	4 Govern	ment Acco	untabilit	/ Project	52-1343924	Page 5
as To axi naanan in	Supplem	ental Informa	ation (continue	ed)		52-1343924	
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SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-E2) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

		Accountabl.				52-13439	
	Fundraising Activities Form 990-EZ filers are				wered "Yes" to Fo	orm 990, Part IV,	ine 17.
Indicate v	whether the organization raised				s Check all that anniv		
	şolicitations	- · · · · · · · · · · · · · · · · · · ·	_	-	ernment grants	•	
	net and email solicitations		Solicitation o	_	-		
	:						
p	e solicitations	g : . \$	Special fundr	raising ev	ents		
: In-pe	rson solicitations						
or key en If "Yes," I	inganization have a written or or inployees listed in Form 990, Pr list the ten highest paid individu isted at least \$5,000 by the org	art VII) or entity in con- uals or entities (fundrai	nection with	professio	nal fundraising service	es?	X Yes [N
Compens	inted at least 40,000 by the org	ariazation.		li) Did fund-		(v) Amount paid to	(vi) Amount paid to
	(I) Name and address of individual or entity (fundralser)	(ii)	Activity (aiser have custody or control of ontributions?	(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (I)	(or retained by) organization
B DATA	Å			es No		CO. (I)	
	·	FUND	RAISIN	X	238,362	48,000	190,36
IUDSON	BAY	1		1 1			
		TELE	CANVAS	x	36,770	5,338	31,43
						0,000	,
	<u> </u>			\dashv			
				:			
				1			
	:						
<u> </u>							
.1	!				275 120	E3 330	221,79
!	ates in which the organization i			P. [275,132	53,338	221, 19
registration	on or licensing.				or inc soon noting	a k to exempt non	

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

events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)...... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's garning licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

chedi	ule G (Form 990 or 990-EZ) 2014	Governi	<u>ment</u>	Accountability	<u>Project</u>	52-134392	24	Pa	ige 3
5	oes the organization conduct gam	ing activities with	nonmer	nbers?				Yes	N
ŀ	s the organization a grantor, benef	iciary or trustee of	f a trust	or a member of a partnership o	r other entity				
fi	ormed to administer charitable gan	ning?		,,,,,,			.	Yes	N
ì	ndicate the percentage of gaming a	activity conducted	l in:						
Ţ	he organization's facility					13a			%
A	An outside facility					13b	,T		%
E	nter the name and address of the	person who prepa	ares the	organization's gaming/special	events books and				
	ecords:								
١	lame ▶								
A	Address •				·····				
	oes the organization have a contr	act with a third pa	rty from	whom the organization receive	s gaming		$\overline{}$	–	¬
	evenue?						!	Yes	No
ı II	"Yes," enter the amount of gamin	g revenue receive	ed by the	eorganization > \$	an	d the			
	mount of gaming revenue retained		y ► \$ _ ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
It	f "Yes," enter name and address o	f the third party:							
١	lame 🕨	· · · • · • · • · • · • · · · · · · · ·							
A	\ddress ▶	••••							
G	Saming manager information:								
١	lame ▶								
G	Saming manager compensation ▶	\$							
L	escription of services provided >								
	Director/officer E	mployee	lr	dependent contractor					
N	Mandatory distributions:								
	s the organization required under s								
P	etain the state garning license?						1	Yes	No
) E	inter the amount of distributions re	quired under state	e law to	be distributed to other exempt of	organizations or				
S	pent in the organization's own exe							,	
المحمد مشا				explanations required by					
		0b, 15b, 15c,	16, an	d 17b, as applicable. Als	io provide any	additional infor	matio	n (see	е
	instructions).								
	G, Part I, Line	2b, Col	<u>(y)</u>	 Fundraising v. 	s. Reimbu	rsement E	xpls	mat	101
	DATA								
'NC	THLY RETAINER	,,			,,,,, ,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,				
JD.	SON BAY								
)U	RLY FEE								
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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.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99 Employer Identification number

OMB No. 1545-0047 2014

Name of the organization

Government Accountability Project

52-1343924

The Government Accountability Project (GAP) is a 38-year-old non-profit public interest organization that promotes government and corporate accountability by advancing occupational free speech, defending whistleblowers, and empowering citizen activists. We pursue this mission through our Public Health & Safety, International, National Security and Human Rights, Environmental Oversight, and Corporate and Financial Accountability programs. GAP is the nation's leading whistleblower

Form 990 - Additional Information

protection organization.

Form 990 - Organization's Mission

Because most of GAP's large attorney fee awards reflect years of legal services, they can create significant income flucuations from year to year. During the organization's annual budgetary planning process, the board assigns portions of these attorney fee award incomes to the budgets of subsequent years.

Form 990, Part III, Line 4a - First Accomplishment

Modernization of Poultry Inspection Rule (HIMP). We took action by using anonymous affidavits from meat and poultry inspector whistleblowers which disclosed to the national media the serious public health threat the rule poses to the integrity of our food. While GAP and coalition partners did successfully stall HIMP, the USDA finalized the rule in the summer of 2014 after providing a few minor concessions. In October 2014, GAP joined consumer and worker rights organizations in filing a joint amicus brief

Name of the organization

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Government Accountability Project

Employer Identification number 52-1343924

supporting a lawsuit that challenged the new rules. The brief relied heavily on whistleblowers' statements stemming from our investigation into federal meat inspector concerns.

- o In 2014, GAP challenged Idaho and Utah "Ag-Gag" laws through amicusbriefs presented to courts hearing legal complaints against the laws.
- o At the 2014 Whistleblower Summit on National Whistleblower Appreciation
 Day, GAP's Food Integrity Director Amanda Hitt was featured exploring AgGag laws and how whistleblowers are increasingly facing criminal
 investigations and prosecutions. Ms. Hitt also spoke at Yale Law School at
 a conference which examined the impact of Ag-Gag laws on freedom of speech,
 health, food safety, consumer advocacy, animal welfare, and the
 environment.
- o In 2014, building off of our critical work with meat inspectors, we designed and distributed a survey to over 4,000 USDA meat inspectors and queried inspectors on issues such as: HIMP efficacy, food safety, humane handling, and worker safety. The results were combined with meat inspector reports detailing work-related illness, environmental hazards, and food safety concerns to inform our most comprehensive white paper in 15 years.
- o In 2014, GAP's Food Integrity Campaign (FIC) continued to develop GAP's reputation as the "go-to" source for news media covering issues involving food integrity. By expanding beyond traditional notions of food safety and incorporating aspects of food integrity, we were able to tackle issues related to the use of animals in agriculture and the plight of workers in

Page 1 of 6

Name of the organization

Government Accountability Project

Employer Identification number

52-1343924

the industry. During 2014, we contributed significantly to multiple media outlets, including: HBO, CBS, Market Watch, Al Jazeera, 60 Minutes, PBS, Politico, Austrian and German Public Television, Tri-States Public Radio, Food Poisoning Bulletin, Canton Daily Ledger, Slate Magazine, Food Safety News, and TakePart, for example. GAP FIC staff also wrote daily blogs which continued to gain in popularity. Many of our blogs attracted the attention of potential whistleblowers and reporters eager to learn more about our insider stories. We also gained more visibility by providing online blogs for websites such as The Huffington Post.

Form 990, Part III, Line 4b - Second Accomplishment
to new protections GAP helped develop now covering over 80,000,000
corporate employees who previously had only minimal legal protection,
including: corporate attempts to criminalize whistleblowing; corporate
challenges to provisions requiring the reinstatement of whistleblowers
after favorable Department of Labor investigative rulings but before the
adjudication of the cases at a hearing; corporate attempts to force
chilling agreements on departing employees and gag settlements on
whistleblowers; and banking industry challenges to whistleblowers who,
under the new law, are now allowed to use confidential corporate documents
as evidence to prove their cases. We also actively worked to try to
counteract the federal government's ineffectiveness in regulating,
addressing and reforming financial and banking corruption as revealed by
whistleblowers.

o Also in 2014, on the fourth anniversary of the passage of Dodd-Frank, GAP teamed up with law firm Labaton Sucharow to lead a large national coalition

Page 2 of 6

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Government Accountability Project

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to outlaw gag orders used to silence corporate and banking whistleblowers and combat retaliation they so often endure. Joining us in this critical effort were more than 250 organizations with nearly two million members. We demanded that the SEC establish a strengthened Whistleblower Program. Our petition received immediate prolific coverage in The New York Times; The Wall Street Journal; The Washington Post; Bloomberg Law; Inside Counsel; American Lawyer; Compliance Week; Law 360; Value Walk; and Corp Counsel.

o GAP and our broad coalition of organizations also submitted a nonrulemaking petition demanding the SEC: launch a series of public hearings
to discuss the problem of workplace retaliation and ways to increase
reporting; create an Advisory Committee on Whistleblower Reporting and
Protection; and engage in appropriate rulemaking to clarify and strengthen
whistleblower protections.

Form 990, Part III, Line 4c - Third Accomplishment

treatment of NSA whistleblowers - Drake and other GAP clients/former

Executive-level NSA employees William Binney, Ed Loomis and J. Kirk Wiebe

-- who endured years of criminal investigation and whose homes were invaded

by SWAT teams after they raised their concerns to their immediate bosses,

up the chain of command, to the Department of Defense Inspector General. In

2014, GAP continued to tell their stories in the media about their

substantive concerns, the reprisals they have suffered, the assault on

civil liberties, and the inadequate remedies available for those who raise

national security concerns.

o GAP visited over 25 Congressional offices to provide briefings to staff

Name of the organization	52-1343924
Government Accountability Project	
and members about GAP client/NSA whistleblow	er Edward Snowden's
revelations.	
o In 2014, GAP and five of our NSA whistlebl	owers made presentations to the
Peace and Civil Liberties Oversight Board to	make recommendations about
reforming intelligence agency practices and	operations.
o GAP's National Security and Human Rights D	irector Jesselyn Radack, and
GAP clients/NSA whistleblowers Tom Drake and	
before a German Bundestag investigation comm	
its globally-significant investigation into	
operations. GAP stressed to the Committee th	
invasive and ineffective mass surveillance of	operation is only available
because of whistleblowers.	
Form 990, Part V - Additional Information	
Line 7g - Didn't file becuase situation didn	n't exist
Form 990, Part VI, Line 2 - Related Party In	nformation Among Officers
Name Name	.
brother in law	
Form 990, Part VI, Line 11b - Organization's	
The draft 990 was reviewed by the President,	
Director of Admin and Finance and every memb	
incorporated into the final draft.	
	Page 4 of 6
	tene # OT 0

Upon request copies are made and sent out to the requesting person. The

financial audits and IRS form 990's are also placed on our website.

Page 5 of 6

Name of the organization Government Accountability Proje	et	Employer Identification number 52-1343924
Form 990, Part IX, Line 11g - O	ther Fees for Service	88
Description		
Program Service	Mgt & General	Fundraising
Professional Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
\$ 486,108	\$ 24,574	\$ 9,87 4
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		Page 6 of 6

CGAPREV Government Accountability Project 52-1343924

FYE: 12/31/2014

Federal Statements

11/16/2015 3:23 PM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description Dues & Subscriptions Equipment Rental & Repair Postage Miscellaneous Board Expenses Report and Publications Total	Description Professional Fees Total
orm 990. F	1
Form 990, Part IX, Line 24e - All Other Ex Total Expenses \$ 20,494 \$ 17, 7,896 6,013 5,709 4,833 -1,075 \$ 43,870 \$ 38,	Total Expenses 520, 556 520, 556
	,
Program Service 17, 933 6, 804 5, 523 4, 956 4, 129 -1, 075 38, 270	Program Service 486, 108 486, 108
Mana S G	Mana \$ G
1, 685 1, 685 742 345 522 505	Management & General 24,574
** *** _	w w _
Fund Raising 876 350 145 231 199	Fund Raising 9,874 9,874

CGAPREV Government Accountability Project 52-1343924
FYE: 12/31/2014

Federal Statements

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Schedule A, Part II	
<u>ırt II, Line 8(e)</u>	

	Description
\$ 18,430	Amou 18

Sub Lease

Total

Schedule A, Part II, Line 12	
Description	Amount
Attorney Fees	\$ 422,000
Reimbursed Expenses	24,926
Total	\$ 446,926