## \*\* PUBLIC DISCLOSURE COPY \*\*

Form 990

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2020 calendar year, or tax year beginning and	ending				
	Check if applicable	C Name of organization BARRY GOLDWATER INSTITUTE FOR		D Employer identif	ication number		
	Addres	PUBLIC POLICY RESEARCH					
	Name	D		86-0597661			
F	Initial	<u> </u>	Room/suite	E Telephone numbe	ar		
F	Final return/	500 EAST CORONADO ROAD	1 toom, suite	602-462-5000			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 7,132,971.			
	Ameno			H(a) Is this a group r			
	Applic	F Name and address of principal officer: VICTOR RICHES		4	s? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i			
$\overline{\Gamma}$	Tax-exe	empt status:     X   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) c	or 527	1	list. See instructions		
		e: WWW.GOLDWATERINSTITUTE.ORG		H(c) Group exemption			
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: AZ		
P	art I	Summary		•	· · · · · · · · · · · · · · · · · · ·		
4	1	Briefly describe the organization's mission or most significant activities: THE GOI	LDWATER 1	NSTITUTE DRIVES			
Governance		RESULTS BY WORKING DAILY IN COURTS, LEGISLATURES, AND COMMUN	ITIES TO				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10		
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			38		
Ę.	6	Total number of volunteers (estimate if necessary)		6	11		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
9	8	Contributions and grants (Part VIII, line 1h)		5,504,863.	5,948,844.		
/eni	9	Program service revenue (Part VIII, line 2g)		0.	108,214.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		71,546.	66,797.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,432.	35,361.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,624,841.	6,159,216.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	46	Benefits paid to or for members (Part IX, column (A), line 4)	2,953,538.				
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)		71,075.	2,982,244.		
en	loa	Total fundraising expenses (Part IX, column (D), line 25)  424,   424,   Total fundraising expenses (Part IX, column (D), line 25)		71,075.	03,432.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,717,119.	983,995.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,741,732.			
		Revenue less expenses. Subtract line 18 from line 12		883,109.			
100		The state of the s		ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		9,318,184.	10,396,225.		
ASS	21	Total liabilities (Part X, line 26)		2,224,208.	1,081,964.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		7,093,976.	9,314,261.		
P	art II	Signature Block					
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	20		
		(h)			6.21		
Sig	n	Signature of officer		Date			
Hei	re	VICTOR RICHES, PRESIDENT/CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN		
Paid		AMY A. O'LOUGHLIN		5/21   self-employed   P00869687			
	parer	Firm's name CBIZ MHM, LLC		Firm's EIN 🕨	34-1884125		
use	Only	Firm's address 4722 N 24TH ST, STE 300					
_	23241. · ·	PHOENIX, AZ 85016		Phone no. 602			
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

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#### Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ..... х Is the organization required to complete Schedule B, Schedule of Contributors? X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? /f "Yes," complete Schedule C, Part / x Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Х 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 ..... Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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? |f "Yes," complete Schedule D, Part IX ..... X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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? |f "Yes," complete Schedule F, Parts I and IV ..... Х 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? |f "Yes," complete Schedule F, Parts || and |V | Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? |f "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? |f "Yes," complete Schedule G, Part | X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes." 19 complete Schedule G, Part III x 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ..... X 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21

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		-	Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			47
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	1,5,54,8	Miles	
28	instructions, for applicable filling thresholds, conditions, and exceptions):		373-0	
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	D.Oth	odieno.	
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? /f			
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del>                                     </del>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
55	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		The same
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	150	
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5	110	12.90
_	(gambling) winnings to prize winners?	1c	X	
0320	04 12-23-20	Forr	n 990	(2020)

Part V

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 3.8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? x 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? x 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities \_\_\_\_\_\_ 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? x If "Yes," complete Form 4720, Schedule O.

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Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			No" re	spons	e
						X
Sect	ion A. Governing Body and Management					
		80	**************************************		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	e Weig		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	у		
	officer, director, trustee, or key employee?			2	x	
3	Did the organization delegate control over management duties customarily performed by or under the					
•	4 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass		***************************************	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 as					
, a	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders or	, u		
b	at the state of th			7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			81.50		3451
8				8a	X	4
a	The governing body?  Each committee with authority to act on behalf of the governing body?			8b	X	_
b				OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			3		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	(Code.)		Vaa	Na
	Ditti			40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	_	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	s, amiliates,	40.	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	-	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	re filing the form?	11a	Х	Control of
b					v	VS/S
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f$	Yes," c	describe			
	in Schedule O how this was done			12c	X	-
13	Did the organization have a written whistleblower policy?			13	Х	-
14				14	Х	3.000.00
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-61.0	700	(Bab):
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a		190	
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation		1.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's		19.3	
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT,	FL,GA	,HI,IL,KS,KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3)	s only)	avail	able
	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 on S	Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d finan	cial	
	statements available to the public during the tax year.		• •			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records			
	ROGER ZETAH - 602-462-5000		@ I			
	500 E CORONADO ROAD, PHOENIX, AZ 85004-1543					
03200	6 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Fort	n <b>99</b> 0	(2020

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			(( Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week	offi	, unle: cer an	ss per idad	rson i irecto	s both	an tee)	compensation from	compensation	amount of
	(list any	ţ						the	from related organizations	other compensation
	hours for	individual trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	(11 = 1000 111100)	organization
	organizations	trus	nal tru		oyee	ed wo				and related
	below	vidua	Institutional trustee	Je Sei	Key employee	Highest compensated employee	Former			organizations
74.	line)	를	Tage 1	Officer	Key	語	휸			
(1) VICTOR RICHES	40.00									
PRESIDENT/CEO		_		Х				229,681.	0.	6,523.
(2) TIMOTHY SANDEFUR	40.00									
VP OF LITIGATION					Х			197,631.	0.	10,523.
(3) CHRISTINA SANDEFUR	40.00									
EXECUTIVE VP						x		137,632.	0.	9,515.
(4) JONATHAN RICHES	40.00									
DIR NAT'L LIT/GEN COUNSEL						x		123,871.	0.	11,972.
(5) MICHAEL BROWNFIELD	40.00									
DIR OF COMMUNICATIONS						x		125,632.	0.	8,953.
(6) WILLIAM TEMPLAR	40.00									
VP FOUNDATIONS						x		118,457.	0.	8,779.
(7) NAOMI LOPEZ	40.00									
DIR OF HEALTHCARE POLICY						х		116,563.	0.	8,956.
(8) ROGER ZETAH	40.00									
CFO/SECRETARY		1		x				98,419.	0.	11,769.
(9) ERIC CROWN	5.00									/
CHAIRMAN		x		x				0.	0.	0.
(10) BARRY GOLDWATER, JR	4.00									
DIRECTOR		x						0.	0.	0.
(11) RANDY P. KENDRICK	0.50		$\vdash$							
DIRECTOR		x						0.	0.	0.
(12) JOHN COTTON	3.00	T	$\vdash$							
DIRECTOR		x						0.	0.	0.
(13) MARIAN COOK	0,50		$\vdash$	$\vdash$			$\vdash$		· ·	
DIRECTOR		x						0.	0.	,
(14) CHRISTOPHER GLEASON	0.50	1	$\vdash$		$\vdash$	$\vdash$	$\vdash$	1	٠.	0.
DIRECTOR		x						0.	0.	,
(15) JIM CHAMBERLAIN	3.00	1	1				$\vdash$	1	0.	0.
VICE CHAIRMAN		x		x				0.	0.	
(16) DANIEL BROPHY	3.00	<u> </u>	$\vdash$	Ť		$\vdash$	1	1	0.	0.
TREASURER		x		x				0.	0.	_
(17) GROVER NORQUIST	0,50	+=	$\vdash$	<del></del>	1	1	$\vdash$	0.	0.	0.
DIRECTOR	1,00	$ _{\mathbf{x}}$						0.	0.	_
032007 12-23-20			_					0.	0.	0.

032007 12-23-20

Form 990 (2020)

PUBLIC POLICY RESEARCH

Name and title	(B) Average hours per week	box	not cl	s per	tion nore i	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	other pensa rom the janizat d relat anizati	e ion ed
18) LEO BEUS DIRECTOR	0.50	x			Ì			0.	0.			0.
19) CHARLES LAWRENCE	0.50											
IRECTOR		X						0.	0.			0.
		-										
4h Cuhánán								1,147,886.	0.		76	,990.
1b Subtotal c Total from continuation sheets to Par								0.	0.			0.
d Total (add lines 1b and 1c)			linte				<b>&gt;</b>	1,147,886.	0.		76	,990.
Total (add lines 1b and 1c)     Total number of individuals (including b compensation from the organization	ut not limited to th	nose	liste	ed at		e) wh	no re				76	11
Total number of individuals (including b compensation from the organization	ut not limited to th	nose	liste	ed at	oove	e) wh	no re	eceived more than \$100	000 of reportable		76	
Total number of individuals (including b compensation from the organization  Did the organization list any former office.)	ut not limited to the	tee,	key	ed al	loye	e) wh	no re	eceived more than \$100	000 of reportable	3		11
Total number of individuals (including b compensation from the organization	ut not limited to the control of the	tee,	key	ed at	loye	e) wh	no re	eceived more than \$100	000 of reportable			No No
<ul> <li>Total number of individuals (including becompensation from the organization)</li> <li>Did the organization list any former offiline 1a? If "Yes," complete Schedule J to For any individual listed on line 1a, is the and related organizations greater than State organizations.</li> </ul>	cer, director, trustion such individual e sum of reportable \$150,000? If "Yes"	tee,	key omp	emp ensa	loye	e) whee, on	r hig	ceived more than \$100 thest compensated emponer compensation from the compensation from the compensation from the compensation and compensation from the c	000 of reportable loyee on the organization			No No
<ul> <li>Total number of individuals (including becompensation from the organization)</li> <li>Did the organization list any former offiline 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the and related organizations greater than S Did any person listed on line 1a receive</li> </ul>	cer, director, trustion such individual e sum of reportabilitation and consideration of accrue compe	tee, le c	key ompo	emp ensa	loye ation	e) whee, or	r hig	ceived more than \$100 thest compensated emponer compensation from the compensation from the compensation from the compensation individual	000 of reportable loyee on the organization	3	Yes	No No
<ul> <li>Total number of individuals (including becompensation from the organization)</li> <li>Did the organization list any former offiline 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> </ul>	cer, director, trustion such individual e sum of reportable 150,000? If "Yes or accrue compe	tee, ile co	key ompompition 1	emp ensa lete	loye ation Sche	e) whee, or	r hig	hest compensated empensation from to such individualed organization or individual	loyee on the organization dual for services	3 4 5	Yes	х
<ul> <li>Total number of individuals (including becompensation from the organization)</li> <li>Did the organization list any former offiline 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highes</li> </ul>	cer, director, trustor such individual e sum of reportable 150,000? If "Yes or accrue compectompete Schedu"	tee,	key ompompition 1	emp ensa lete s	loye	e) whee, or	r hig	ceived more than \$100  chest compensated empensation from the for such individual chest organization or individual chart received more than \$100	loyee on the organization dual for services	3 4 5	Yes	No X
<ul> <li>Total number of individuals (including becompensation from the organization)</li> <li>Did the organization list any former offiline 1a? If "Yes," complete Schedule J if and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> </ul>	cer, director, trustor such individual e sum of reportable 150,000? If "Yes or accrue compectomplete Schedult compensated in for the calendar years."	tee,	key ompompition 1	emp ensa lete s	loye	e) whee, or	r hig	ceeived more than \$100  wheat compensated emponent compensation from the compensation or individual	loyee on the organization dual for services	3 4 5	Yes x	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5.</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes."</li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highes the organization. Report compensation</li> </ul>	cer, director, trustor such individual e sum of reportabilitations or accrue compecomplete Schedult compensated in for the calendar y	nose tee, le consat	key ompompition 1	emp ensa lete s	loye	e) whee, or	r hig	ceived more than \$100  thest compensated emperer compensation from the for such individual endorganization or individual enact received more than the organization's tax is	loyee on the organization dual for services	3 4 5	Yes	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5.</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation.</li> </ul>	cer, director, trustor such individual e sum of reportabilitations or accrue compecomplete Schedult compensated in for the calendar y	nose tee, le ci	key of the list of	emp ensa lete s	loye	e) whee, or	r hig	ceeived more than \$100  wheat compensated emponent compensation from the compensation or individual	loyee on the organization dual for services	3 4 5	Yes x	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5.</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation.</li> </ul>	cer, director, trustor such individual e sum of reportabilitations or accrue compecomplete Schedult compensated in for the calendar y	nose tee, le ci	key of the list of	emp ensa lete s	loye	e) whee, or	r hig	ceeived more than \$100  wheat compensated emponent compensation from the compensation or individual	loyee on the organization dual for services	3 4 5	Yes x	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5.</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation.</li> </ul>	cer, director, trustor such individual e sum of reportabilitations or accrue compecomplete Schedult compensated in for the calendar y	nose tee, le ci	key of the list of	emp ensa lete s	loye	e) whee, or	r hig	ceeived more than \$100  wheat compensated emponent compensation from the for such individual	loyee on the organization dual for services	3 4 5	Yes x	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5.</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation.</li> </ul>	cer, director, trustor such individual e sum of reportabilitations or accrue compecomplete Schedult compensated in for the calendar y	nose tee, le ci	key of the list of	emp ensa lete s	loye	e) whee, or	r hig	ceeived more than \$100  wheat compensated emponent compensation from the for such individual	loyee on the organization dual for services	3 4 5	Yes x	No x
<ul> <li>2 Total number of individuals (including becompensation from the organization)</li> <li>3 Did the organization list any former offiline 1a? If "Yes," complete Schedule Jiff.</li> <li>4 For any individual listed on line 1a, is the and related organizations greater than 5</li> <li>5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"</li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest the organization. Report compensation.</li> </ul>	cer, director, trustion such individual e sum of reportable 5150,000? If "Yes or accrue compete Schedult compensated in for the calendar yess address	tee, tee, tee, depdeding deport	key ompompoint of the ending on the ending of the ending o	empensa lete : from uch	doye attion any persontrib	ee, on and edule / unreson acto	r hig	thest compensated empensated empensation from the organization or individual and received more than the organization's tax (B)  Description of	loyee on the organization dual for services \$100,000 of compensation. services	3 4 5	Yes x	No x

# Form 990 (2020) PUBLIC POLI Part VIII Statement of Revenue

			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1	а	Federated campaigns1a			# *	A three as a	
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1b					
E,		C	Fundraising events1c	90,330.		210°		The Contract
i ii		d	Related organizations 1d					
s, li			Government grants (contributions) 1e		The same of	*		
Son		f	All other contributions, gifts, grants, and			* ( 7 )		West of the second
but			similar amounts not included above 1f	5,858,514.				
들일		g	Noncash contributions included in lines 1a-1f	206,993.	100			
S E		h	Total. Add lines 1a-1f		5,948,844.	# (· ·	\$ *	
				Business Code				LO PARCE INC.
g	2	а	LITIGATION COST REIMB	900099	108,214.	108,214.		
Program Service Revenue		b						
Se		С						
am		d						
og B		е						
4		f	All other program service revenue					
			Total. Add lines 2a-2f		108,214.			
	3		Investment income (including dividends, interest					
			other similar amounts)		55,008.			55,008.
	4		Income from investment of tax-exempt bond pr	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				attraction.
	6	a	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	a	Gross amount from sales of (i) Securities	(ii) Other				HE THE TAX
			assets other than inventory 7a 981,809.				<b>建设建设设计</b>	
		b	Less: cost or other basis					
울			and sales expenses 7b 970,020.					
Ver			Gain or (loss) 7c 11,789.					
Other Revenue		d	Net gain or (loss)		11,789.			11,789.
je	8	а	Gross income from fundraising events (not			A LOCAL TO SERVE		
ō			including \$ 90,330. of					
			contributions reported on line 1c). See			State of the		
			Part IV, line 18	3,735.				
			Less: direct expenses 8b	3,735.				Frust Addition
			Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19				200	
			Less: direct expenses 9b					Standard Res
	40		Net income or (loss) from gaming activities	<b>&gt;</b>	DESCRIPTION OF THE PERSON			
	10	а	Gross sales of inventory, less returns		STATE OF			
		L	and allowances10a					
			Less: cost of goods sold 10b	4		THE PROPERTY OF		CARL POLYCLE OF THE
_		C	Net income or (loss) from sales of inventory	Business Code	All 7 (192) See A. Store	7 E ST. 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	₹ ₹ ₹	2 2 3 3 3 3 3 3 3 3 3 3
sn l	44		NON REFUNDABLE DEPOSIT	900099	35 000			25.000
99	11	a	OTHER INCOME	900099	35,000.			35,000.
Miscellaneous Revenue		b		200033	361.			361.
Sce		C	All other revenue					
Ξ			All other revenue		35,361.	100 mg 1	Organia - Parel	· STATE OF THE STA
	12	-	Total revenue. See instructions		6,159,216.	108,214.	0	100 150
03200		-23			1,100,210.	100,214.	0.	102,158.
JUE-00	- 12*	20-						Form <b>990</b> (2020)

Page 10

Form 990 (2020)
PUBLIC POLICY RESEAR
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		1		
	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				是是数据,2017年N
5	Compensation of current officers, directors,				
	trustees, and key employees	554,546.	488,972.	26,781.	38,793.
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	2,055,440.	1,812,488.	98,455.	144,497.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,719.	29,701.	1,871.	2,147.
9	Other employee benefits	155,751.	137,193.	8,642.	9,916.
10	Payroll taxes	182,788.	161,181.	8,757.	12,850.
11	Fees for services (nonemployees):				
	Management				
b	Legal	15,331.		15,331.	
С	Accounting	27,700.	20.055	27,700.	
d	Lobbying	20,055.	20,055.	SE-MANUAL MINERAL CONTROL	CF 420
е	Professional fundraising services. See Part IV, line 17	65,432.		10.520	65,432.
f	Investment management fees	10,530.		10,530.	
g	Other. (If line 11g amount exceeds 10% of line 25,	070 710	06.400	105 500	70 600
	column (A) amount, list line 11g expenses on Sch O.)	272,719.	96,498.	105,529.	70,692.
12	Advertising and promotion	25,134.	21,030.	2 451	4,104
13	Office expenses	165,411. 14,051.	152,552. 12,811.	2,451.	10,408.
14	Information technology	14,051.	12,011.	400.	754,
15	Royalties	84,689.	75,077.	3,769.	5,843
16	Occupancy	30,713.	17,830.	296.	12,587
17	Travel	30,113.	17,030.	250.	12,307
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	3,849.	3,390.	434.	25
19 20		23,375.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23,375.	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,646.	99,861.	5,012.	7,773
23	Insurance	37,208.	7,376.	29,832.	
24	Other expenses, Itemize expenses not covered			The Transfer of the Total	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	69,830.	39,513.	12,140.	18,177
b	EVENTS	21,031.	16,292.	526.	4,213
C	BANK & CREDIT CARD FEES	17,612.	70.	11,825.	5,717
d	PAYROLL & PLAN FEES	11,143.		11,143.	
e	All other expenses	20,968.	9,700.	688.	10,580
25	Total functional expenses. Add lines 1 through 24e	4,031,671.	3,201,590.	405,573.	424,508
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,342,652.	1	1,293,379
	2	Savings and temporary cash investments			877,304.	2	736,662
	3	Pledges and grants receivable, net			472,230.	3	977,901
	4				25,000.	4	0
	5	Loans and other receivables from any current	or former	officer, director,		- 3	
		trustee, key employee, creator or founder, sub		FA			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua		6			
		under section 4958(f)(1)), and persons describe				6	
\$	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ä	9	Prepaid expenses and deferred charges			50,622.	9	41,977
	10 a	Land, buildings, and equipment: cost or other				125.12	
		basis. Complete Part VI of Schedule D		4,111,367.			
	b	Less: accumulated depreciation	10b	2,513,822.	1,710,191.	10c	1,597,545
	11	Investments - publicly traded securities			3,671,055.	11	5,619,170
	12	Investments - other securities. See Part IV, line	11		169,130.	12	129,591
	13	Investments - program-related. See Part IV, line	∍ 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq	9,318,184.	16	10,396,225		
	17	Accounts payable and accrued expenses	464,217.	17	471,731		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ş	22	Loans and other payables to any current or for	mer offic	er, director,	THE PROPERTY OF THE PARTY OF TH	35%	
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%		1	
abi		controlled entity or family member of any of th	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	lated thir	d parties	590,145.	23	570,507
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables 1	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			1,169,846.	25	39,726
	26	Total liabilities. Add lines 17 through 25			2,224,208.	26	1,081,964
		Organizations that follow FASB ASC 958, cl	neck here	X			10
Ces		and complete lines 27, 28, 32, and 33.				1	
lan	27				4,680,506.	27	6,631,297
<u>B</u>	28	Net assets with donor restrictions	<u></u>	2,413,470.	28	2,682,964	
Pun		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.				T.	
S O	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			7,093,976.	32	9,314,261
	33	Total liabilities and net assets/fund balances			9,318,184.	33	10,396,225

Form **990** (2020)

Par	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	6	,159,	216.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	031,	671.				
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,127,	545.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,093,976.						
5	Net unrealized gains (losses) on investments	5		92,	740.				
6									
7									
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	9	,314,	261.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	76.8.8		50.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	7	157-1					
	separate basis, consolidated basis, or both:		100						
	Separate basis Consolidated basis Both consolidated and separate basis		200 m		W. Carrie				
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	,		F 1				
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis		17-17-17-17-17-17-17-17-17-17-17-17-17-1						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule	o.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit						
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form	990	(2020)				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public
Inspection

Name of the organization

BARRY GOLDWATER INSTITUTE FOR

PUBLIC POLICY RESEARCH

Employer identification number 86-0597661

Pa	rt I	Reason for Public C	Charity Status.	All organizations must co	omplete th	is part.) Se	ee instructions.	00-0337001						
The	organ	ization is not a private founda												
1	Ň	A church, convention of chu					VAVil							
2	一	A school described in secti					<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>							
3		A hospital or a cooperative					1							
4		A medical research organiza						the hearitally name						
-	_	city, and state:		January William a 1100pital	acconbca	III SCCIO	i i otok ikakiii. Entei	the nospital's name,						
5		An organization operated fo	r the benefit of a coll	lege or university owned	or operate	ad by a go	vernmental unit describ	ad in						
		section 170(b)(1)(A)(iv). (C		loge of difficulty owned	or operate	od by a go	vernmental unit describi	a in						
6		A federal, state, or local gov		ental unit described in	nation 17	O/LV4VAV								
7	X							- LP - 1 - 11 - 11						
-		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
9		or university or a non-land-g												
		university:	rant college or agrict	nture (see instructions).	criter trie r	iame, city,	and state of the college	or						
10		An organization that normal	Ily receives (1) more t	than 22 1/20/ of its ours	art fram a	anduib rution	o month and in the							
		activities related to its exem												
		income and unrelated busin												
		See section 509(a)(2). (Cor		(less section 511 tax) Ito	III busines	ses acquir	ed by the organization a	ιπer June 30, 1975.						
11		An organization organized a		vely to test for public sat	aty Soo .	cation Eff	10(a)(4)							
12	$\Box$	An organization organized a												
		more publicly supported org												
		lines 12a through 12d that of						check the box in						
а		Type I. A supporting orga						mit die e						
•	-	the supported organization												
		organization. You must c			majority o	i tile tillet	tors or trustees or the st	pporting						
b		Type II. A supporting orga			ion with its	cunnarta	d organization(s) by ba	de e						
		control or management of												
		organization(s). You mus			inic person	is that coi	ittor or manage the sup	oortea						
c		Type III functionally inte			in connect	ion with a	and functionally integrate	od saith						
	-	its supported organization						ed witti,						
c		Type III non-functionally						zation(a)						
		that is not functionally int												
		requirement (see instructi						veriess						
•		Check this box if the orga		•	- /									
		functionally integrated, or					Type i, Type ii, Type iii							
1	Ente	er the number of supported o												
		vide the following information												
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other						
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
_														
_														
-	_		THE PROPERTY.		51 52 L.A.	11,1110-1111								

Page 2

## Schedule A (Form 990 or 990-EZ) 2020 PUBLIC POLICY RESEARCH | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6,089,299.	6,283,551.	5,131,175.	5,504,863.	5,948,844.	28,957,732.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6,089,299.	6,283,551.	5,131,175.	5,504,863.	5,948,844.	28,957,732.		
	The portion of total contributions								
	by each person (other than a	- 1121 - 1140							
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						2,017,141.		
6	Public support. Subtract line 5 from line 4.						26,940,591.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	6,089,299.	6,283,551.	5,131,175.	5,504,863.	5,948,844.	28,957,732.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	40,494.	103,111.	107,127.	99,229.	55,008.	404,969.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital			1					
	assets (Explain in Part VI.)	10,746.		134.	694.	35,361.	46,935.		
11				Section 1		1943 F. F. M. 1953	29,409,636.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	887,190.		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stor						<b>&gt;</b>		
Se	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2020 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	91.60 %		
	Public support percentage from 2019					15	90.48 %		
16a	a 33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X		
I	33 1/3% support test - 2019. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion					
17:	a 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
ı	o 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	k this box and st	op here. Explain i	in Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	e organization qua	lifies as a publicly	supported organi	zation	▶□		
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶		
					Sch	edule A (Form 990	or 990-EZ) 2020		

## Schedule A (Form 990 or 990-EZ) 2020 PUBLIC POLICY RESEARCH Part III' Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	olow, prodoc comp	sioto i dit ii.j				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and					(6) 2020	(i) iotai
	membership fees received. (Do not				2		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1			
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	SHARRING			**************************************		
Sec	ction B. Total Support			- 10 July 12 years	100		
	ndar year (or fiscal year beginning in) ⊳	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 6	501(c)(3) organizatio	on.
	check this box and stop here						
-	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I			column (f))		15	%
16		Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17						17	<u>%</u>
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
,	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	<b>&gt;</b>
t	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is me	ore than 33 1/3%, a	ind
20	line 18 is not more than 33 1/3%, che	CK this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
0320	23 01-25-21		4.5		Sch	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 PUBLIC POLICY RESEARCH

### Part IV

#### **Supporting Organizations**

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

#### **Section A. All Supporting Organizations**

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

	Yes	No
J		
2 3a		3/1%
3b		
3c		
4a		
4b		
4c		
5a 5b		UE (E
5c		
6		
7		
9a		A 17 44
9b		di.
9c	1 T/A	
10a		
10b		1

10131016 143399 182008

	continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	7. ° . m.	Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	1		
b	A family member of a person described in line 11a above?	11a	-	-
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	i kada i	795,03
	detail in Part VI.	3 100 2	187	1.5
Sec	tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	11111	162	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers		12.14	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Y at 1		ST.
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		· a`
2	Did the organization operate for the benefit of any supported organization other than the supported	As bed	-stille	100
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	11/1/10		100
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		I.E. s
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	£30 F	100	.40
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	-
	or management of the supporting organization was vested in the same persons that controlled or managed	3,		1
	the supported organization(s).	1	C SC S	11,234
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		B.A.	36
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		. 5	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	17.8		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		To and	73.5
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	A STATE	3.30	_
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	altitus managalia	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		7.2	3:1
	significant voice in the organization's investment policies and in directing the use of the organization's		112	42.55
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	4	-	47
	supported organizations played in this regard.	3	21	
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	7.77		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	The day	7.34	34
	those supported organizations and explain how these activities directly furthered their exempt purposes,			日田の
	how the organization was responsive to those supported organizations, and how the organization determined	8.78%		130
l.	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	77, 1700	-	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	Too		*
	Fall VI The reasons for the organization's position that its supported organization(s) would have	9 1 4	1	116
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			1
	these activities but for the organization's involvement.	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	Y . S.	
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b	Y S	
3 a	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	2b 3a	7.5	
3 a	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

1	Type III Non-Functionally Integrated 509(a)(3) Supporting  Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
•	All other Type III non-functionally integrated supporting organizations must	-		•
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	4		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1.92%		
_	(explain in detail in Part VI):	120		
2		2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	1.000000000000000000000000000000000000	
2	Enter 0.85 of line 1.	2		
3		3		
4	Enter greater of line 2 or line 3.	4		8
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		T .	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount				
		(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-	THE BUILT TAKE			
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020	Factor Contraction	ENERGY PROPERTY.		War Allen . Y. Co.
а	From 2015	2 34 4 20 05 12 20	\$ m 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ia -	
b	From 2016		The Arthur Than	The Real	
С	From 2017		AT SELECTION		
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
_	Applied to underdistributions of prior years	A MANAGEMENT AND A SECOND	ALIE SELECTION OF A SECRETARY AND A	TINKE	
	Applied to 2020 distributable amount		CATALANT SERVICE	IL SY	PristPalVales(ELSANISA) (E
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			2/6 (5)	
4	Distributions for 2020 from Section D.	The second second second			12-16-16-16-16-16-16-16-16-16-16-16-16-16-
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount		7, 1		DECEMBER OF STREET
	Remainder. Subtract lines 4a and 4b from line 4.			ir milin	Little State Commence of the
5	Remaining underdistributions for years prior to 2020, if	THE PROPERTY OF THE PARTY OF TH	The same of the sa	15.13.150	CONTROL PROPERTY OF THE SECOND
	any. Subtract lines 3g and 4a from line 2. For result greater		1		
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h		director rule taxo		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3i			A DATA	ETRICAL SCHOOL ST
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018			-	
	Excess from 2019	- TO SHOW THE ENGINEER OF THE PROPERTY OF THE		E HOP'S	
- 4	ENGOGO NOM EG TO				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 9:	90 or 990-EZ) 2020 PUBLIC POLICY RESEARCH	86-039/661	Page 8
Part VI Supp	<b>lemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1; Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Ferd D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6. Also complete this part for any additional section E, Innes 2, 5, and 6.	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ı C, ırt V,
	structions.)		
SCHEDULE A, PAR	T II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME			
2016 AMOUNT: \$	10,746.		
2018 AMOUNT: \$	134.		
2019 AMOUNT: \$	694.		
2020 AMOUNT: \$	361.		
NON REFUNDABLE	DEPOSIT		
2020 AMOUNT: \$	35,000.		
<del></del>			
032028 01-25-21	Science	chedule A (Form 990 or 990	0-EZ) 202

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization	RRY GOLDWATER INSTITUTE FOR	Employer identification number				
	BLIC POLICY RESEARCH	86-0597661				
Organization type (check o	ne):	00 0037001				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or stotal contributions.				
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoundline 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 1990); or check the box on line H of its Form 990-EZ or on its Form 990-EZ or on its Form 990-EZ, or 990-PF).	orm 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to				

Name of organization
BARRY GOLDWATER INSTITUTE FOR
PUBLIC POLICY RESEARCH

Employer identification number

86-0597661

Part I	Contributors	(see instructions).	Use duplicate	copies of	Part I if	additional s	space is needed.
--------	--------------	---------------------	---------------	-----------	-----------	--------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$669,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	

Name of organization
BARRY GOLDWATER INSTITUTE FOR
PUBLIC POLICY RESEARCH

Employer identification number

86-0597661

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
140.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$632,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BARRY GOLDWATER INSTITUTE FOR
PUBLIC POLICY RESEARCH

Employer identification number

86-0597661

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICALLY TRADED SECURITIES	_	
10		\$124,272.	11/16/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Name of or				Employer identification number
	LDWATER INSTITUTE FOR			
Public Po	OLICY RESEARCH	ana da annonimentono de contro de la contro del la contro del la contro del la contro de la contro del la contro del la contro del la contro de la contro del la contro de la contro de la contro del la contro de la contro del la contro de la contro del la contro del la contro del la contro de la contro de la contro del la		86-0597661
rait iii	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of git	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nnsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

**Employer identification number** 

86-0597661

Department of the Treasury Internal Revenue Service

Name of organization

Part I-A

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

BARRY GOLDWATER INSTITUTE FOR

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

PUBLIC POLICY RESEARCH

- 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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campaign	ures		▶\$	
		anization is exempt under			
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955	▶\$	
3	If the organization incurred a section				
	Was a correction made?				Yes No
-	If "Yes," describe in Part IV.	anization is exempt under	r section 501(c)	eveent section 501/cl	(3)
200	47 6 1 7 2021 0				
	Enter the amount directly expended				
2	Enter the amount of the filing organ exempt function activities				
2	Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POI	Ε Ψ	
3	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiza separate political orga	ation's funds. Also enter the nization, such as a separate	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

032041 12-02-20

LHA

Schedule C (Form 990 or 990-EZ) 2020

Scriedule C (Form 990 of 990-EZ) 2020 Pi	OBLIC POLICY RE	SEARCH		86-0	597661 Page 2
Part II-A   Complete if the orga section 501(h)).	nization is exei	mpt under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A Check In if the filing organization of the filing organization	on belongs to an aff	iliated group (and list in P	art IV each affiliated	group member's name	e, address, EIN,
expenses, and share  B Check if the filing organization			•		
B Offeck I in the filling organization	on checked box A a	nd "limited control" provis	sions apply.	4 4 5000	
	on Lobbying Expe tures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (	(grassroots lobbying)		467.	
b Total lobbying expenditures to influe				19,588.	
c Total lobbying expenditures (add line			***************************************	20,055.	
d Other exempt purpose expenditures				4,011,616.	
e Total exempt purpose expenditures	(add lines 1c and 1c	3)		4,031,671.	
f Lobbying nontaxable amount. Enter	the amount from the	e following table in both c	olumns.	351,584.	
If the amount on line 1e, column (a) or	(b) is: The lot	bying nontaxable amou	nt is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$100,0	00 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000 \$175,0	00 plus 10% of the excess	over \$1,000,000.		No et al.
Over \$1,500,000 but not over \$17,00	00,000 \$225,0	00 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$1,000	\$1,000,000.			
				Va.	
g Grassroots nontaxable amount (ente	, .			87,896.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero of				0.	
j If there is an amount other than zero		line 1i, did the organization	on file Form 4720		·
reporting section 4911 tax for this ye	ear?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No
	4-Year Av	eraging Period Under Se	ection 501(h)		
(Some organizations tha	it made a section 5	01(h) election do not ha	ve to complete all o	f the five columns be	elow.
		ate instructions for lines			
	Lobbying Expe	nditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	459,348.	418,775.	387,087.	351,584.	1,616,794.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,425,191.
c Total lobbying expenditures	86,533.	31,617.	7,563.	20,055.	145,768.
d Grassroots nontaxable amount	114,837.	104,694.	96,772.	87,896.	404,199.
e Grassroots ceiling amount (150% of line 2d, column (e))					606,299.
f Grassroots lobbying expenditures	10,380.	15,744.	422.	467.	27,013.

Schedule C (Form 990 or 990-EZ) 2020

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

1 Duri loca or re	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description bying activity.			(b	
loca or re a Volu		Yes	No	Amo	unt
a Volu	ing the year, did the filing organization attempt to influence foreign, national, state, or al legislation, including any attempt to influence public opinion on a legislative matter eferendum, through the use of:				
h Doic	inteers?				
	d staff or management (include compensation in expenses reported on lines 1c through 1i)?			(10 m) 20 m	general se
	lings to members, legislators, or the public?				
e Pub	olications, or published or broadcast statements?				
f Gra	nts to other organizations for lobbying purposes?				
g Dire	ect contact with legislators, their staffs, government officials, or a legislative body?				
	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	al. Add lines 1c through 1i	THE ROLL THE STREET			
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Y	£15-1400
			200 May 4	*	
D II 1	Yes," enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912				
•	ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1 x 2 x 3 x 5 x 3 x 5 x 3		
Part III		ion 501(c)(	5), or sec	tion	
	001(0)(0)			Yes	No
4 10/-	re substantially all (90% or more) dues received nondeductible by members?		1		
-	the organization make only in-house lobbying expenditures of \$2,000 or less?				
	the organization make only in-nouse lobbying expenditures of \$2,000 or less?  the organization agree to carry over lobbying and political campaign activity expenditures from				
Part III		DO BAIABLE	5), or sec	II A line	2 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No" OR	(b) Part I	II-A, line	3, is
1 Due	answered "Yes." es, assessments and similar amounts from members	d "No" OR	(b) Part I	II-A, line	3, is
1 Due 2 Sec	answered "Yes."	d "No" OR	(b) Part I	II-A, line	9 3, is
1 Due 2 Sec exp	answered "Yes." es, assessments and similar amounts from members ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	d "No" OR	(b) Part I	II-A, line	9 3, is
1 Due 2 Sec exp a Cui	answered "Yes."  es, assessments and similar amounts from members  ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of poleonses for which the section 527(f) tax was paid).	d "No" OR	(b) Part I	II-A, line	3, is
1 Due 2 Sec exp a Cui b Car c Tot	answered "Yes."  es, assessments and similar amounts from members  ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of polenses for which the section 527(f) tax was paid).  rrent year  rryover from last year  tal	d "No" OR	(b) Part I	II-A, line	3, is
1 Due 2 Sec exp a Cui b Car c Tot 3 Agg	answered "Yes."  es, assessments and similar amounts from members ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Intervent year expression last year ex	d "No" OR	(b) Part I	II-A, line	3, is
1 Due 2 Sec exp a Cui b Car c Tot 3 Agg 4 If n	answered "Yes."  es, assessments and similar amounts from members  ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of polenses for which the section 527(f) tax was paid).  rrent year  rryover from last year  tal	itical	(b) Part I	II-A, line	9 3, is
1 Due 2 Sec exp a Cui b Car c Tot 3 Agg 4 If n	answered "Yes."  es, assessments and similar amounts from members ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  In the section formula experiments are section formula expenses amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses are sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses are sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses are sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses are sent and the amount on line 2c exceeds the amount on line 3.	itical	(b) Part I	II-A, line	9 3, is

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

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

BARRY GOLDWATER INSTITUTE FOR

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PUBLIC POLICY RESEARCH

**Employer identification number** 86-0597661

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.			Sompleto II tile
		(a) Donor adv	rised funds	(b) Fur	nds 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		held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	l?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be u	used only	
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Pai	TII Conservation Easements. Complete if the or	ganization answered "	Yes" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	y).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation conf	ribution in the form o	of a conserva	ation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements	***************************************		2b	
C	Number of conservation easements on a certified historic str	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not	on a historic structu	re	
	listed in the National Register		•••••	2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished,	or terminated by the	organization	during the tax
	year ►				
4	Number of states where property subject to conservation ear				
5	Does the organization have a written policy regarding the per		ection, handling of		
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing cons	ervation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservat	ion easemer	nts during the year
	<b>\$</b>				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the footi	note to the organization	n's financial stateme	ents that des	cribes the
Day	organization's accounting for conservation easements.				
Pal	Organizations Maintaining Collections or		reasures, or Ot	her Simila	ar Assets.
-	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pul				public
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education	i, or research in furth	erance of pu	ıblic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
_					\$
2	If the organization received or held works of art, historical tre			l gain, provid	le
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1		•••••		\$
	Assets included in Form 990, Part X				\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Schedule D (Form 990) 2020

032051 12-01-20

	Organizations Maintaining Co		Historical Tre	asures, or O	ther Si	imilar Asset	S (contin	Page Z
	Using the organization's acquisition, accession							ueaj
	collection items (check all that apply):	in, and other records	s, offect ally of the h	Showing that ma	no sigiiii	ioani use oi its		
	Public exhibition	اء.	I can ar evel	nange program				
a		a	Other	• . •				
b	Scholarly research	е	Other					
C	Preservation for future generations		la accordinate de la desarra de la constana de la c			mumaaa in Day	4 VIII	
	Provide a description of the organization's co	•	•	_	-		t XIII.	
	During the year, did the organization solicit or						¬ v	N
englisher specific	to be sold to raise funds rather than to be ma						Yes	No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par		ite if the organization	n answered "Yes	on Fo	rm 990, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custodia		ary for contributions	or other assets	not incl	uded		
	on Form 990, Part X?						Yes	No
	If "Yes," explain the arrangement in Part XIII a							
-		•	· ·				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-			
	Endowment Funds. Complete in							
-	Onnplote	(a) Current year	(b) Prior year	(c) Two years ba		Three years bac	(a) Four	years back
4	Designing of year holonge	1,169,892.	965,180.			963,047		879,429.
	Beginning of year balance	1,105,052.	50,830.	<del></del>	-	303,047	+	015,425.
	Contributions	97,235.	193,882.		92	151,841	-	83,618.
	Net investment earnings, gains, and losses	31,235.	193,002.	33,2	72.	131,841	+	03,010.
	Grants or scholarships				_		-	
е	Other expenditures for facilities		40 000			105 000		
	and programs		40,000.		_	185,000	-	
f	Administrative expenses			2.55	_			
g	End of year balance	1,267,127.	1,169,892.	965,1	80.	929,888	•	963,047.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	)) held as:				
а	Board designated or quasi-endowment	.0000	%					
b	Permanent endowment 72.2000	%						
C	Term endowment 27.8000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered	for the c	organization	0	
	by:							Yes No
	(i) Unrelated organizations					******************	3a(i)	Х
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the	organization's endo						
Par	t VI Land, Buildings, and Equipm		Dont By Bas data C	) F 000 D	V - I'	- 10		
	Complete if the organization answere							
	Description of property	(a) Cost or of basis (investi	1 ' '	t or other (other)		umulated eciation	( <b>d</b> ) Boo	k value
10	Land	16	9,158.	189,322.	SUM	Sign Shipping		358,480.
	Buildings			,401,547.	1	,175,567.	1	,225,980.
	Leasehold improvements			, ,		, = 1, = 1, = 1,		, , ,
			1	,351,340.	1	,338,255.		13,085.
	Equipment	1	<del>-</del>	.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Other		V / / /5\ //	10-1			1	,597,545.
lota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. column (B), line 1	UC.)				
						Schedu	ıle D (Forr	n 990) 2020

_	BARRI GOLDWATER I			
	le D (Form 990) 2020 PUBLIC POLICY RES	EARCH		86-0597661 Page <b>3</b>
Part !	STATES .			
	Complete if the organization answered "Yes" of			
(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Fina	ncial derivatives			
(2) Clos	sely held equity interests			
(3) Oth	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol /h) must savel Farm 000 Part V and /Philip 40 Phil			was company and a second
Dart	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
1 art				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)_				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I	X Other Assets.			8. T. 16. 1997.
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15	
		Description	7	(b) Book value
(1)		· ·		(b) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part 2				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	SPLIT INTEREST AGREEMENT			39,726.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2020

39,726.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH 86-0597661 Page 4 Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,932,554. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 92,740 a Net unrealized gains (losses) on investments 2a 691,128, b Donated services and use of facilities 2h **2**c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 783,868. e Add lines 2a through 2d 6,148,686. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 10,530. c Add lines 4a and 4b 4c 6,159,216. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4.712.269. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 691 128 2a 2b b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII.) 691,128. 20 e Add lines 2a through 2d 4,021,141. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b h Other (Describe in Part XIII.) ..... 10,530. c Add lines 4a and 4b 4c 4,031,671. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE DOROTHY D. AND JOSEPH A. MOLLER CENTER FOR CONSTITUTIONAL GOVERNMENT WHICH STUDIES A VARIETY OF ISSUES INCLUDING PROPERTY RIGHTS, CAMPAIGN FINANCE REGULATION, REGULATORY BODIES, LEGISLATIVE TERMS, BALANCE OF POWER AMONG LEVELS OF GOVERNMENT PROCESSES OF JUDICIAL APPOINTMENT AND STATE SOVEREIGNTY. THE FUNDS ALSO SUPPORT TWO FELLOWSHIPS THAT GIVE EXCEPTIONAL STUDENTS THE OPPORTUNITY TO SPEND A SEMESTER WORKING ON ECONOMIC POLICY AND LAW AT THE INSTITUTE AND TO BE GROOMED FOR A LEADERSHIP ROLE IN THE ONGOING QUEST FOR FREEDOM.

THE INSTITUTE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

Schedule D (Form 990) 2020

PART X, LINE 2:

032054 12-01-20

## BARRY GOLDWATER INSTITUTE FOR

Schedule D (Form 990) 2020 PUBLIC POLICY RESEARCH	86-0597661	Page 5
Part XIII Supplemental Information (continued)		
501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, THERE IS NO		
PROVISION FOR INCOME TAXES. INCOME DETERMINED TO BE UNRELATED BUSINESS		
TAXABLE INCOME WOULD BE TAXABLE. GOLDWATER INSTITUTE HOLDING COMPANY, LLC		
IS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES.		
THE INSTITUTE EVALUATES THEIR UNCERTAIN TAX POSITIONS, IF ANY, ON A		<u>~</u>
CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF		
THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AT		
DECEMBER 31, 2020, MANAGEMENT BELIEVES THE INSTITUTE DOES NOT HAVE ANY		
UNCERTAIN TAX POSITIONS.		
THE INSTITUTE'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX		
(FORM 990) FOR 2017, 2018 AND 2019 ARE SUBJECT TO EXAMINATION BY THE IRS,		
GENERALLY FOR THE THREE YEARS AFTER THEY WERE FILED.		

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

BARRY GOLDWATER INSTITUTE FOR

PUBLIC POLICY RESEARCH

Employer identification number 86-0597661

	Complete if the organization answer	red "Y	es" on	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
required to complete this part			Minn C	Shook all that anni.		
<ul><li>1 Indicate whether the organization rais</li><li>a X Mail solicitations</li></ul>						
			-	overnment grants		
			-	nment grants		
c X Phone solicitations	g X Special	tundra	ising e	events		
d X In-person solicitations						
2 a Did the organization have a written of						
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	indraising services?	X Yes	No
<b>b</b> If "Yes," list the 10 highest paid indiv	riduals or entities (fundraisers) pursua	ant to	agreer	nents under which th	ne fundraiser is to be	
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	4 D A
(i) Name and address of individual	(ii) Activity	fundr have c	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or con	trol of	from activity	fundraiser listed in col. (i)	organization
WEDTCAN DUTIANMUDODIC IIC -		Yes	_		listed in Col. (i)	
AMERICAN PHILANTHROPIC, LLC -	WEGGAGING ADVICE	res	No	320 540	65 432	262 100
119 N HIGH ST, WEST CHESTER,	MESSAGING ADVICE			328,540.	65,432.	263,108.
		_				
	I .					
Total				328,540.	65,432.	263,108.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	gistration
	T TO TE THE TA WE WU IN ME N	m wa	MT N	INI MC MO		
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,H						
MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,O	ok, or, PA, R1, SC, SD, TN, TX, UT, V	T,VA	,WA,W	AA 'MT 'MA		
DC						
		_				
		_				

032081 11-25-20

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Gross receipts	ANNUAL DINNER (event type)	SPEAKERS	(c) Other events NONE	(d) Total events (add col. (a) through
		SPEAKERS		(add col. (a) through
	(event type)			
		(event type)	(total number)	col. (c))
	81,904.	12,161.		94,065
Less: Contributions	81,904.	8,426.		90,330
				50,000
Gross income (line 1 minus line 2)		3,735.		3,735
Cash prizes				
Noncash prizes				
Rent/facility costs				
Food and beverages		3,735.		3,735
Entertainment				
				3,735
Net income summary. Subtract line 10 from	ine 3, column (d)	***************************************	<b></b>	(
	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.				
	(a) Bingo		(c) Other gaming	(d) Total gaming (add
		biligo/progressive biligo		col. (a) through col. (c
Cross revenue				
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	Yes % No	Yes %		
Direct expense summary. Add lines 2 through	h 5 in column (d)			
Net gaming income summary. Subtract line	r from line 1, column (d)			
ter the state(s) in which the organization cond	into coming activities			
		etates?		
'No." explain:	cuvides in each of diese	States !		Yes N
ere any of the organization's gaming licenses r	evoked, suspended, or to	erminated during the tax	/ear?	Yes N
"Yes," explain:			3	
	Rent/facility costs  Food and beverages  Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7  atter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:  ere any of the organization's gaming licenses related to conduct gaming a "No," explain:	Food and beverages  Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)  Standard Subtract line 10 from line 3, column (d)  Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through 5 in column (d)  Net gaming income summary. Subtract line 7 from line 1, column (d)  ter the state(s) in which the organization conducts gaming activities: the organization licensed to conduct gaming activities in each of these "No," explain:  ere any of the organization's gaming licenses revoked, suspended, or to "Yes," explain:  ere any of the organization's gaming licenses revoked, suspended, or to "Yes," explain:	Food and beverages 3,735.  Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)  Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through 5 in column (d)  Net gaming income summary. Subtract line 7 from line 1, column (d)  Inter the state(s) in which the organization conducts gaming activities:  the organization licensed to conduct gaming activities in each of these states?  "No," explain:  ere any of the organization's gaming licenses revoked, suspended, or terminated during the tax y "Yes," explain:	Food and beverages 3,735.  Entertainment Other direct expenses Direct expenses ummary. Add lines 4 through 9 in column (d) Net gaming income summary. Subtract line 10 from line 3, column (d) (e) Other gaming Cash prizes Policies expenses ummary. Subtract line 10 from line 3, column (d) (e) Pull tabs/instant bingo/progressive bingo (e) Other gaming Gross revenue Pyes 9, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming bingo/progressive bingo (e) Other gaming Direct expenses Pyes 9, Pyes 9

### BARRY GOLDWATER INSTITUTE FOR

Schedule G (Form 990 or 990-EZ) 2020 PUBLIC POLICY RESEARCH 86-	0597661	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	5 S	
a The organization's facility	13a	<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name >		
Address	Ves	No
15a Does the organization have a contract with a third party from whom the organization receives garning revenue?	,,,, L 1 es	NO
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided 🕨		
		-
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
/I\ NAME OF BUNDDATGED. AMEDICAN DHILANTHRODIC I.C.		
(I) NAME OF FUNDRAISER: AMERICAN PHILANTHROPIC, LLC		
(I) ADDRESS OF FUNDRAISER: 119 N HIGH ST, WEST CHESTER, PA 19380		

Schedule G (Form 990 or 990-EZ) PUBLIC POLICY RESEARCH	86-0597661	Page
Part IV Supplemental Information (continued)		

# **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH

86-0597661

**Employer identification number** 

OMB No. 1545-0047

Open to Public

Inspection

Pa	t   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	900		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	NEST	255-56	FILE
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	-51500	RANKS C
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		NAN.	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	. Although do	
				Silver
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.		To the	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:	13.5		
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
-	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		11.50		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	225		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			100
	contingent on the net earnings of:	1111		
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.		12.00	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	15	105	130
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			2,85
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

PUBLIC POLICY RESEARCH

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	algle	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) VICTOR RICHES	8	229 681.	0	0	0	6,523,	236 204.	0
- E	1	0	0	0	0.	0	0	0.
(2) TIMOTHY SANDEFUR	Ξ	197,631.	0	0.	4,000.	6,523.	208,154.	0.
VP OF LITIGATION	€	.0	.0	0	0.	0.	0.	0
	8							
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032113 12-07-20

DAKKI GULDWALEN INSTITUTE FOR	86-0597661	Page 3
Schedule J (Form 330) ZUZU  Schedule J (Form 330) ZUZU  Schedule J (Form 310) ZUZU  Sc		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
	Schedule J (Form 990) 2020	990) 2020

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

# **Noncash Contributions**

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

Attach to Form 990.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Types of Property

BARRY GOLDWATER INSTITUTE FOR

PUBLIC POLICY RESEARCH

Employer identification number 86-0597661

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	eterminir		s
1	Art - Works of art			r sini eee, t dirt viii, iine ig			_	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		THE STATE OF THE STATE OF					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	4	206 993.	FAIR MARKET VALU	TE.	_	
10	Securities - Closely held stock			, , , ,	71110			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28_	Other (							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, [	Oonee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contribution	n any property rep	orted in Part I, lines 1 throug	jh 28, that it		~ ;	3.
	must hold for at least three years from the date		al contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period	?			*******************************	30a		x
b	If "Yes," describe the arrangement in Part II.					1	12.7	
31	Does the organization have a gift acceptance				tions?	31	x	
32a	•							
	contributions?		• • • • • • • • • • • • • • • • • • • •			32a	х	
	If "Yes," describe in Part II.					T1 (1)		1
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	y for which column (a) is che	cked,		100	41
	describe in Part II.						2	
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule I	M (Form	990)	2020

Schedule M (Form 990) 2020 PUBLIC POLICY RESEARCH	86-0597661	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a co this part for any additional information.	33, and whether the organi mbination of both. Also co	zation mplete
SCHEDULE M, LINE 32B:		
THE INSTITUTE PROCESSES DONATED REAL ESTATE THROUGH GOLDWATER INSTITUTE		
HOLDING COMPANY, LLC, IN WHICH THE INSTITUTE IS THE SOLE MEMBER.		
NODDING COMPANI, DDC, IN WHICH THE INSTITUTE IS THE SOUR MEMBER.		
032142 11-23-20	Schedule M (Fo	orm 990) 202

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH

Employer identification number 86-0597661

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEFEND AND STRENGTHEN THE FREEDOM GUARANTEED TO ALL AMERICANS IN THE CONSTITUTIONS OF THE UNITED STATES AND ALL FIFTY STATES FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADOPT POLICIES THAT SUSTAIN AND RESTORE ECONOMIC LIBERTY, EDUCATIONAL FREEDOM, PERSONAL RESPONSIBILITY, AND CONSTITUTIONAL LIMITS ON GOVERNMENT POWER CONSISTENT WITH THE FOUNDING PRINCIPLES OF OUR CONSTITUTIONAL REPUBLIC. WHEN GOVERNMENT OVERSTEPS ITS PROPER BOUNDS THE GOLDWATER INSTITUTE USES PUBLIC INTEREST LITIGATION TO ENFORCE INDIVIDUAL RIGHTS AND CONSTRAINTS ON GOVERNMENT POWER GUARANTEED BY OUR STATE AND FEDERAL CONSTITUTIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: "LITIGATION BY LETTERHEAD" EFFORT, WHERE WE INDUCE GOVERNMENT TO CEASE UNLAWFUL ACTIONS BY PROVIDING THEM WITH INFORMATION BY LETTER, WITHOUT HAVING TO GO TO COURT. IN 2020, THE GOLDWATER INSTITUTE'S ACTIVE CASELOAD AVERAGED 22, WE SENT 5 LITIGATION-BY-LETTERHEAD LETTERS, AND WE ADVANCED CUTTING-EDGE LEGAL SCHOLARSHIP IN THE COURTS BY FILING 15 AMICUS CURIAE BRIEFS. WE HAD 4 LITIGATION VICTORIES, 3 LETTERHEAD VICTORIES, AND 10 AMICUS VICTORIES IN 2020. (SEE CASE UPDATE BELOW) FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: VICTORIES INCLUDE STATE LAWS THAT EMPOWER FAMILIES WITH GREATER EDUCATIONAL OPTIONS THAT FIT THEIR CHILDREN'S UNIQUE NEEDS AND LAWS THAT SHIELD NON-PROFIT DONORS FROM HAVING THEIR NAMES AND PERSONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

Name of the organization BARRY GOLDWATER INSTITUTE FOR

Employer identification number PUBLIC POLICY RESEARCH 86-0597661 FORM 990, PART III, LINE 4A: CASE UPDATE BATES V. STATE OF OREGON WE REPRESENT THE OWNER OF AN OREGON VAPE-SHOP WHOSE FREE SPEECH RIGHTS ARE VIOLATED BY STRINGENT LABELING REQUIREMENTS ON VAPING LIQUIDS THAT PROHIBIT SELLERS FROM ACCURATELY LABELING THE FLAVORED LIQUIDS THEY SELL WITH WORDS SUCH AS "STRAWBERRY" OR "FRUIT-FLAVORED," OR FROM INCLUDING PICTURES OF STRAWBERRIES OR FRUIT. WE CONTEND THAT THIS VIOLATES BOTH THE FIRST AMENDMENT AND THE STATE CONSTITUTION. THE CASE IS STILL PENDING IN TRIAL COURT. NO FEES HAVE BEEN AWARDED. BORGELT V. CITY OF AUSTIN (FORMERLY PULLIAM V. CITY OF AUSTIN) PROPERTY TAXPAYERS IN AUSTIN, TEXAS CHALLENGE THE PRACTICE OF RELEASE TIME BY THE CITY OF AUSTIN AND THE AUSTIN FIREFIGHTERS ASSOCIATION UNDER THE ANTI-SUBSIDY PROVISIONS OF THE TEXAS CONSTITUTION. UNDER THE PRACTICE OF RELEASE TIME, FIRST RESPONDERS IN AUSTIN ARE "RELEASED" FROM THEIR GOVERNMENT JOBS TO EXCLUSIVELY WORK FOR THE UNION. THIS PRACTICE IS AN UNLAWFUL SUBSIDY TO A PRIVATE ENTITY. THE PRIMARY GOAL OF THIS LITIGATION IS TO ELIMINATE PAID RELEASE TIME AND BUILD FAVORABLE ANTI-SUBSIDY CASE LAW IN TEXAS. THE CASE IS ON APPEAL. BOUDREAUX V. LOUISIANA STATE BAR ASSN. THIS CASE CHALLENGES A LOUISIANA LAW THAT REQUIRES ALL ATTORNEYS WHO PRACTICE IN THE STATE TO BE MEMBERS OF AND PAY DUES TO THE LOUISIANA STATE BAR ASSOCIATION. THE LSBA USES MEMBERS' MANDATORY DUES TO LOBBY FOR VARIOUS POLICIES, MANY OF WHICH HAVE NOTHING TO DO WITH THE PRACTICE OF LAW, IN VIOLATION OF MEMBERS' FIRST AMENDMENT RIGHTS. THE LSBA ALSO LACKS SAFEGUARDS REQUIRED BY EXISTING SUPREME COURT PRECEDENT TO ENSURE THAT MEMBER DUES ARE ONLY USED FOR ACTIVITIES GERMANE TO 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization BARRY GOLDWATER INSTITUTE FOR **Employer identification number** PUBLIC POLICY RESEARCH 86-0597661 MAXWELL V. VOLUSIA COUNTY SCHOOL DISTRICT TYLER MAXWELL WAS A HIGH SCHOOL SENIOR WHO SHOWED HIS PREFERENCE IN THE 2020 PRESIDENTIAL ELECTION BY DRIVING TO SCHOOL IN A PICKUP TRUCK WITH A LARGE PLASTER ELEPHANT IN THE BACK PAINTED WITH THE NAME "TRUMP." THE SCHOOL DISTRICT REVOKED HIS PARKING PERMIT AND TOLD HIM HE WAS NOT TO COME TO SCHOOL IF HE REFUSED TO REMOVE THE ELEPHANT FROM HIS TRUCK DESPITE THE FACT THAT THE SCHOOL ALLOWED STUDENTS TO EXPRESS OTHER POLITICAL MESSAGES (BY, FOR EXAMPLE, WEARING T SHIRTS OR HAVING BUMPER STICKERS ON THEIR CARS). WE SUED ON MAXWELL'S BEHALF, AND SOUGHT AN INJUNCTION AGAINST THE SCHOOL, WHICH WAS GRANTED. THE PARTIES THEN ENTERED A SETTLEMENT AGREEMENT UNDER WHICH THE DISTRICT PAID ATTORNEY FEES IN THE AMOUNT OF APPROXIMATELY \$32,000. MCBRIDE V. PIMA COUNTY THE PIMA COUNTY SHERIFF'S DEPARTMENT SEIZED KEVIN MCBRIDE'S JEEP THROUGH CIVIL ASSET FORFEITURE AFTER HIS GIRLFRIEND USED IT TO DRIVE TO A PARKING LOT WHERE SHE SOLD LESS THAN TWO OUNCES OF MARIJUANA. AS PART OF OUR ASSET FORFEITURE PROJECT, WE REPRESENTED MCBRIDE - WHO WAS NOT CHARGED WITH OR CONVICTED OF ANY CRIME - IN FILING A DEMAND FOR THE RETURN OF HIS JEEP. THE DEPARTMENT DEMANDED A PAYMENT OF \$1,900 FOR RETURN OF THE JEEP, BUT WHEN THE INSTITUTE REFUSED, IT ABANDONED THAT DEMAND AND RETURNED THE JEEP. MENDEZ V. CHICAGO THE RISE OF THE "SHARING ECONOMY" HAS OPENED NEW DOORS OF ECONOMIC OPPORTUNITY NATIONWIDE. AMONG THE MOST IMPORTANT ARE "HOME-SHARING" SERVICES LIKE AIRBNB, THAT CONNECT TRAVELERS WITH HOMEOWNERS SEEKING TO RENT OUT ROOMS IN THEIR HOMES. BUT MANY LOCAL GOVERNMENT OFFICIALS HAVE 032212 11-20-20

RODGERS V. HUCKELBERRY

PIMA COUNTY DEVOTED \$15 MILLION OF TAXPAYER MONEY TO FUND THE

THUS THIS TAX IS UNLAWFUL. THE COUNTY LATER ASKED STATE TAX OFFICIALS

TO FOLLOW, NOT THE LANGUAGE IN THE ACTUAL BALLOT, BUT THE LANGUAGE IN

10131016 143399 182008

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

STATE THE RESOLUTION OF THAT CONFLICT, IF ANY.

THE EXECUTIVE COMMITTEE REVIEWED COMPENSATION FOR OFFICERS AND KEY

EMPLOYEES BASED ON A REVIEW OF SIMILAR ORGANIZATIONS (USING FORM 990). ALL

COMPENSATION DECISIONS ARE DOCUMENTED IN THE MINUTES.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BARRY GOLDWATER INSTITUTE FOR	Employer identification number
PUBLIC POLICY RESEARCH	86-0597661
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,MT,NH,NJ,NM,NY,NC,OH,OK	
OR, PA, RI, SC, TN, UT, VT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE INSTITUTE'S WEBSITE.	
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, AND CONFLICT OF	
INTEREST POLICY ARE AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection 2020

OMB No. 1545-0047

Employer identification number

86-0597661

► Go to www.irs.gov/Form990 for instructions and the latest information. BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH Name of the organization

Schedule R (Form 990) 2020 (g) Section 512(b)(13) Š controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity 1,597,545,N/A End-of-year assets **e** status (if section Public charity 501(c)(3)) 。 Total income Exempt Code Ð section Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ARIZONA Primary activity Primary activity <u>@</u> REAL ESTATE 86-1023067, 500 E. CORONADO RD., PHOENIX, AZ GOLDWATER INSTITUTE HOLDING COMPANY, LLC Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part Part 85004

PUBLIC POLICY RESEARCH Schedule R (Form 990) 2020

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

Page 2

86-0597661

(E)	JBI General or Percentage box managing ownership edule	1065) Yes No						_		_		
8	amount in box n	No K-1 (Form 1										
3	Disproportionate allocations?	Yes								_		
(6)	Share of end-of-year	doseis										
€	Sha i											
(e)	(related, unrelated,	sections 512-514)										
(p)	rolling											
(2)	Legal domicile (state or	foreign country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

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

			_							
Section 512(b)(13) controlled entity?	Yes No	 	+			 1		-		
(h) Percentage ownership										
(g) Share of end-of-year										
(f) Share of total										
(e) Type of entity (C corp, S corp,	Or triday									
(d) (e)  Direct controlling Type of entity (C corp.) Sorp.										
(c) Legal domicile (state or foreign	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 PUBLIC POLICY RESEARCH

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

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86-0597661

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	d in Parts II-IV?	May.	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			4	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
				10	
Loans or loan guarantees to or for related organization(s)				14	
:				1e	
f Dividends from related organization(s)				14	- 1
g Sale of assets to related organization(s)				19	
Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				Ti	
j Lease of facilities, equipment, or other assets to related organization(s)				1;	
k Lease of facilities, equipment, or other assets from related organization(s)				*	
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	ĺ
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			-th	- 1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			11	-1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	
p Reimbursement paid to related organization(s) for expenses				a	Ĭ
q Reimbursement paid by related organization(s) for expenses				10	Î
Other terminal persons as a person of the person in a person in the pers					2,
r Other transfer of cash or property from related organization(s)				\$	1
If the answer to any of the above is "Yes." see the instructions for	ho must complete th	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c)	(d) Method of determining amount involved	paylo	1
ואחוש טו ופומנסט טוקמווצמנוסט	type (a-s)				
(1)					1
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(3)					1
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(9)				200 1000	9
032163 10-28-20			Schedule I	Schedule R (Form 990) 2020	Ş

Page 4

PUBLIC POLICY RESEARCH Schedule R (Form 990) 2020 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income particulated, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) ords.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (i) (j) (k) (k)  Dispropor Code V-UBI General or Percentage bload amount in box 20 managing ownership of Schedule K-1 partner?  Yes No (Form 1065) Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
								Schedule		Schedule R (Form 990) 2020

Schedule R	(Form 990) 2020 Supplemental Info	PUBLIC POLICY RESEARCH	86-0597661	Page 5
Part VII	Supplemental Info	rmation		, ago o
	Provide additional inform	nation for responses to guestions on Schedule R. See instructions.		
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