RAFFOL AND COMPANY, INC 105 CHESTNUT ST SUITE 11 NEEDHAM, MA 02492

LAWYERS FOR GOOD GOVERNMENT ACTION FUND 6218 GEORGIA AVE NW, 5001 WASHINGTON, DC 20011

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CLIENT'S COPY

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Form	y	y	U

## EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection	
AF	or th	e 2022 calend	ar year, or tax year beginning and	d ending		
	heck if pplicab	le: C Name of	forganization		D Employer identificat	tion number
X	Addre		ERS FOR GOOD GOVERNMENT ACTION FUN	ND		
	Name		usiness as		82-1029663	3
	Initial	<u>v</u>	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	  	6218	GEORGIA AVE NW	5001	404-913-55	529
	termi ated		own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	49,870.
	Amer	WASH	INGTON, DC 20011		H(a) Is this a group retu	rn
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: TRACI FEIT LOVE		for subordinates?	Yes X No
	pendi	<sup>ng</sup> SAME	AS C ABOVE		H(b) Are all subordinates inclu-	ded? Yes No
<u> </u>	ax-ex	empt status:	501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1)	) or 📃 52	7 If "No," attach a lis	t. See instructions
	Vebsi				H(c) Group exemption r	
			X Corporation Trust Association Other	L Year	r of formation: 2017  M S	State of legal domicile: DC
Pa	rt I	Summary				
Ð	1		be the organization's mission or most significant activities: OUR	MISSIC	ON IS TO PROTE	CT AND
Governance		STRENGT	HEN DEMOCRATIC INSTITUTIONS			
er në	2	Check this bo		osed of more	1 1	-
No.	3					3
	4		lependent voting members of the governing body (Part VI, line 1b)			3
es	5		of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$			0
iviti	6		of volunteers (estimate if necessary)			500
Activities &			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)	·····	45,186.	49,870.
ent	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,186.	49,870.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		38,829.	8,085.
Expenses			undraising fees (Part IX, column (A), line 11e)		2,568.	0.
ğ			• • • • • • • • •	<u>'99.</u>	16 272	10 401
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		16,373.	13,421.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,770.	21,506.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		-12,584. eginning of Current Year	28,364.
Net Assets or Fund Balances	00	T-+-!				End of Year
Ssel	20	Total assets (F			100,441.	98,010.
et A	21		(Part X, line 26)		<u>48,767.</u> 51,674.	<u> </u>
		Net assets or	fund balances. Subtract line 21 from line 20		51,0/4.	80,038.

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

Sign	Signature of officer			Date
Here	TRACI FEIT LOVE, PRESIDEN	Г & ED		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	JONATHAN VITALE			self-employed P01922134
Preparer	Firm's name RAFFOL AND COMPAN	Y, INC		Firm's EIN 47-1096596
Use Only	Firm's address 105 CHESTNUT ST S	UITE 11		
	NEEDHAM, MA 02492			Phone no. 781 - 444 - 4926
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) LAWYERS FOR GOOD GOVERNMENT ACTION FUND 82-1029663 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	OUR MISSION IS TO PROTECT AND STRENGTHEN DEMOCRATIC INSTITUTIONS,
	RESIST ABUSE OF POWER AND CORRUPTION, AND DEFEND THE RIGHTS OF THOSE
	WHO SUFFER IN THE ABSENCE OF "GOOD GOVERNMENT."
	WHO SUFFER IN THE ABSENCE OF GOOD GOVERNMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,568. including grants of \$) (Revenue \$)
	GOVERNMENT ETHICS/ACCOUNTABILITY: L4GG ACTION FUND WORKED TO ADVOCATE
	FOR A NEW SUPREME COURT NOMINEE DEVOTED TO CIVIL RIGHTS AFTER JUSTICE
	BREYER'S RETIREMENT.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	ADVOCACY/OUTREACH: L4GG ACTION FUND HELPED SUPPORT THE LAUNCH OF THE
	STATE LEGISLATIVE ADVOCACY ACADEMY (SLAA), A FIRST-OF-ITS-KIND TRAINING
	PROGRAM FOR LAWYERS AND LAW STUDENTS ON HOW TO CONDUCT STATE-LEVEL
	LEGISLATIVE ADVOCACY TO DEFEND CIVIL AND HUMAN RIGHTS IN STATE HOUSES
	NATIONWIDE. 293 LAWYERS JOINED THE SLAA AND ACCESSED OUR 9 EXPERT
	TRAINING MODULES IN 2022.
	WE PROVIDED SUBSTANTIVE LEGAL SUPPORT TO THE PROTECT TRANS HEALTH
	COALITION'S ADVOCACY SUPPORTING A PROPOSED HHS RULE THAT WOULD PROTECT
	TRANSGENDER AND GENDER NONCONFORMING PEOPLE FROM DISCRIMINATION IN
	ACCESSING HEALTHCARE.THANKS TO THE COALITION'S EFFORTS, WITH L4GG'S
	SUPPORT, THE FINAL RULE WAS ENACTED.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	CLIMATE CHANGE AND ENVIRONMENTAL JUSTICE: WE SUBMITTED A COMMENT ON THE
	U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) DEVELOPMENT OF THE LEAD AND
	COPPER RULE IMPROVEMENTS (LCRI), ON THE IMPORTANT ISSUE OF
	ENVIRONMENTAL JUSTICE CONSIDERATIONS AND DISPARATE IMPACTS OF THE
	PROPOSED RULE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 4,568.
	Form <b>990</b> (2022)
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LAWYERS FOR GOOD GOVERNMENT ACTION FUND

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.		x
ь	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form 990 (2022)

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Form 990 (2022)				GOVERNMENT	ACTION	FUND
Part IV Checklist of R	equired Sche	edules	(continue	ed)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X 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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		185	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ū	(gambling) winnings to prize winners?	1c		
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	990 (2022) LAWYERS FOR GOOD GOVERNMENT ACTION FUN	ID 82-1029	663	Pa	<sub>age</sub> 5
Pa	t 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	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	_	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
			50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		х
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a	-	
a L					
			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:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
15			45		х
	excess parachute payment(s) during the year?		15		<u>_</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)

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<sup>6</sup> 2022.05040 LAWYERS FOR GOOD GOVERNME 82-10291

Form	990	(2022)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .	·····	<u></u> .	<u></u> .		X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		3			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			.	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 ap	point	one or				
	more members of the governing body?			.	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?						X
8							
а	The governing body?			.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	ſ			
	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 body	y befoi	re filing the form?	[	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." a	lescribe	ſ			
	on Schedule O how this was done			. [	12c	Х	
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?			[	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	ſ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a	ļ			
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	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 GA , DC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)	(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy,	and	financ	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 boo						
	LAWYERS FOR GOOD GOVERNMENT ACTION FUND - 404-913-5	5529	)				
	6218 GEORGIA AVE NW, 5001, WASHINGTON, DC 20011						
232006	12-13-22				Form	990	(2022)
	7						

2022.05040 LAWYERS FOR GOOD GOVERNME 82-10291

Form 990 (2022)	LAWYERS	FOR GOOD	GOVERNMENT	ACTION	FUND	82-1029663	Page 7
Part VII Compensa	tion of Officers,	Directors, Tr	ustees, Key Emp	loyees, Hig	hest Compe	ensated	
Employees	, and Independe	ent Contracto	rs				
Check if Sche	Jule O contains a res	ponse or note to a	any line in this Part VII				
Section A. Officers, Dire	ctors, Trustees, Ke	y Employees, and	d Highest Compensa	ted Employee	es		
/							
1a Complete this table for	ation's <b>current</b> offic	ers, directors, trus	tees (whether individu	,	0	or within the organization's ss of amount of compens	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ıd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensai		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		loyee	duo		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TRACI FEIT LOVE	10.00	_	-							
PRESIDENT & ED	50.00			x				0.	0.	0.
(2) ADAM COHEN	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) EDWARD JACOBS	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) JENNIFER ALPERT WONG	3.00									
CHAIR		Х		Х				0.	0.	0.
		1								
000007 10 10 00										Form <b>990</b> (2022)

Form 990 (2022)

#### 15071115 163577 82-1029663

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		FOR GOOD	) G	SOV	ΈR	NM	EN	Т	ACTION FUND	82-10	296	63	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box offic	not cl , unles	ss per	ition more rson is irecto	than c s both r/trust	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations (W-2/1099-MIS	;	an com	(F) timate nount other pensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		org and	anizati d relation	ion ed
											_			
			-											
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.0.0.		0.0.0			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization								ceived more than \$100,	000 of reportable			Yes	0 No
	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	uch individual									[	3	100	X
	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fo	or such individual	-		4		X
	rendered to the organization? <i>If "Yes." com</i> on <b>B. Independent Contractors</b>											5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-								· · · · · ·	ensati	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Сс	(C omper	<b>;)</b> nsatio	า
2	Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t	thos	e lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation				0	)						000	

Form **990** (2022)

232008 12-13-22

	<u>1 990</u> rt V		2022) LAWYERS FOR	GOOD GOVE	RNMENT ACT	ION FUND	82-1029	663 Page 9
1 4			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ts, ( Am			Fundraising events 1c					
Gif			Related organizations 11					
ons, Sim			Government grants (contributions) <b>1e</b>					
utic		T	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	49,870.				
otl		a	Noncash contributions included in lines 1a-1f	10,000				
Con and		-	Total. Add lines 1a-1f		49,870.			
				Business Code				
е	2	а						
ervi		b						
n Si ent		С						
grar Rev		d						
Program Service Revenue		e f	All other program service revenue					
_			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b		•			
			Rental income or (loss)       6c         Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
	•	u	assets other than inventory <b>7a</b>	(				
		b	Less: cost or other basis					
an			and sales expenses <b>7b</b>					
venue		с	Gain or (loss) 7c					
Re		d	Net gain or (loss)	·····				
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See Part IV, line 18					
		b	Less: direct expenses					
			· · · · · · · · · · · · · · · · · · ·					
			Gross income from gaming activities. See					
			Part IV, line 19 9	a				
			Less: direct expenses9	b				
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
		•	and allowances 10					
			Less: cost of goods sold 10 Net income or (loss) from sales of inventory	Db				
		<u> </u>		Business Code				
sno	11	а						
ane		b						
cell: eve		с						
Miscellaneous Revenue								
_			Total. Add lines 11a-11d		40.070	0		
00000	12		Total revenue. See instructions		49,870.	0.	0.	6 . Form <b>990</b> (2022)
23200	9 12-	13-	-22					10111 222 (2022)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C 004	424		<b>D1</b>
	trustees, and key employees	6,904.	434.	5,754.	716.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	693.	70	620.	
9	Other employee benefits	488.	73. 36.	399.	53.
10	Payroll taxes	400.	30.		53.
11	Fees for services (nonemployees):				
-	Management				
b					
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
ч g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	4,910.		4,910.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	5,146.	4,022.	1,094.	30.
15	Royalties	•		,	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FEES	3,298.	0.	3,298.	
b	TELEPHONE AND INTERNET	52.	3.	49.	
С	PRINTING AND POSTAGE	15.		15.	
d					
е	All other expenses	01 500	4 5 6 6	1 6 4 9 9	=
25	Total functional expenses. Add lines 1 through 24e	21,506.	4,568.	16,139.	799.
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)				Earm <b>990</b> (2022

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LAWYERS FOR GOOD GOVERNMENT ACTION FUND

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

#### 15071115 163577 82-1029663

Form **990** (2022)

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29

30 31

32

33

51,674.

100,441.

29

30

31

32

33

80,038.

98,010.

Form 990 (2022)

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 100,441. 98,010. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 98,010 100,441. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 48,767. 25 17,972. of Schedule D 48,767. 17,972. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 51,674. 80,038. 27 27 Net assets without donor restrictions Net assets with donor restrictions 28 28

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

LAWYERS FOR GOOD GOVERNMENT ACTION FUND

82-1029663 Page 11

Form 990 (2022)

-)	2022	11 990 (	
lance Shee	Ba	nrt X	Par

Form	1 990 (2022) LAWYERS FOR GOOD GOVERNMENT ACTION FUND	82-102	9663	Pag	<sub>le</sub> 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,87	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,50	
3	Revenue less expenses. Subtract line 2 from line 1	3		-	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51	,67	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	80	,03	38.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				<b>Yes</b>	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2022)

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(Form	990)
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## **Supplemental Financial Statements**

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

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



Department of the Treasury Internal Revenue Service Name of the organization

LAWYERS FOR GOOD GOVERNMENT ACTION FUND

Employer identification number 82 - 1029663

Pa	rtl	Organizations Maintaining Donor Advised	d Funds or Other Simil	ar Funds or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised fur	nds (	<b>b)</b> Funds and other accounts
1	Tota	I number at end of year			
2		regate value of contributions to (during year)			
3	Agg	regate value of grants from (during year)			
4	Agg	regate value at end of year			
5	Did <sup>.</sup>	the organization inform all donors and donor advisors in v	writing that the assets held in	donor advised fund	ds
	are t	he organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did	the organization inform all grantees, donors, and donor a	dvisors in writing that grant fu	inds can be used o	nly
	for c	haritable purposes and not for the benefit of the donor o	r donor advisor, or for any oth	er purpose conferr	ing
<b>D</b> -					
Pa		<b>Conservation Easements.</b> Complete if the org		Form 990, Part IV,	line 7.
1	Purp	pose(s) of conservation easements held by the organization			
		Preservation of land for public use (for example, recrea			prically important land area
		Protection of natural habitat		eservation of a certi	fied historic structure
-		Preservation of open space			
2		plete lines 2a through 2d if the organization held a qualif of the tax year.	ied conservation contribution	in the form of a co	Held at the End of the Tax Year
-					
a k					
b		I acreage restricted by conservation easements	ucture included in (a)		2b 2c
c d		ber of conservation easements included in (c) acquired a			
u		pric structure listed in the National Register			2d
3		ber of conservation easements modified, transferred, rele			· · · · ·
•	year		cacca, exangaionea, er terrin	lated by the organ	
4	-	ber of states where property subject to conservation eas	ement is located		
5		s the organization have a written policy regarding the per		handling of	
		itions, and enforcement of the conservation easements it			Yes No
6	Staf	f and volunteer hours devoted to monitoring, inspecting,			
7	Amo	ount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcir	ng conservation eas	sements during the year
8	Doe	s each conservation easement reported on line 2(d) above	• •		
		section 170(h)(4)(B)(ii)?			
9		art XIII, describe how the organization reports conservation		•	
		nce sheet, and include, if applicable, the text of the footn	ote to the organization's finar	ncial statements that	at describes the
Pa	orga rt III	nization's accounting for conservation easements. Organizations Maintaining Collections of	Art Historical Treasu	res or Other S	imilar Assets
Iu		Complete if the organization answered "Yes" on Form			
12	If the	e organization elected, as permitted under FASB ASC 95		statement and bala	ance sheet works
ia		t, historical treasures, or other similar assets held for pub			
		ice, provide in Part XIII the text of the footnote to its finar			
b		e organization elected, as permitted under FASB ASC 95			sheet works of
		nistorical treasures, or other similar assets held for public	· •		
	,	ide the following amounts relating to these items:	,,		
	•	Revenue included on Form 990, Part VIII, line 1			\$
2		e organization received or held works of art, historical trea			
		ollowing amounts required to be reported under FASB A			
а	Reve	enue included on Form 990, Part VIII, line 1			\$
b		ets included in Form 990, Part X			\$
LHA	For	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022
23205	1 09-01	-22			

	1	4					
_	-		-	_	-	-	

	dule D (Form 990) 2022 LAWYERS	FOR GOOD ( collections of Ar	GOVE t, Hist	RNMENT	ACTION asures, o	I FUNI r Other	) Simila	82-10 r <b>Asset</b> s	2966	<u>3</u> Pa	<sub>age</sub> 2
3	Using the organization's acquisition, accessi								loona	1000)	
-	collection items (check all that apply):		.,		i en e i n i g i n a						
а	Public exhibition	d		I oan or exc	hange progra	am					
b	Scholarly research	e			nange progr						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	nev further t	ne organizatio	n's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit c								7.m.		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							) Part IV			
	reported an amount on Form 990, Pa			e organizatio		163 011	0111 330	, i aitiv,	ine 9, 01		
12	Is the organization an agent, trustee, custod		iany for	contribution	s or other as	sots not in	cluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟		L	
D		and complete the lo	lowing	lable.					Amoun	+	
-	Decision belonce						10		74110411		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										<b>7</b>
	Did the organization include an amount on F						y?	······ L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete						<u></u>				
I ai				Prior year	(c) Two yea			/ears back	(e) Fou	r vooro	book
_		(a) Current year	(u) i	-nor year		IS DALK (		Cars Dack	(e) Four	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a	)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	at are held a	nd administe	red for the	•				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	chedule R?					3b		
_4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990	), Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Ac	cumulate	ed	<b>(d)</b> Boo	k valu	е
	· ·	basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements							1			
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	0c)						0.
								Schedule	D (Forn	n 990)	
									•	,	

Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
<b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
<b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(a)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.		11e or 11f. See Form 990. Part X. line 25.	
Otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" or an exception of liability		11e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of the organizatio of the organization of the organization of		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         .       (a) Description of liability         (1)       Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990. Part X. col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         .       (a) Description of liability         (1)       Federal income taxes         (2)       DUE       TO		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         I.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         I.       (a) Description of liability         (1) Federal income taxes       (2) DUE TO AFFILIATE         (3)       (4)		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990. Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         .       (a) Description of liability         (1)       Federal income taxes         (2)       DUE         TO       AFFILIATE         (3)       (4)         (5)		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990. Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" o         .       (a) Description of liability         (1)       Federal income taxes         (2)       DUE       TO         AFFILIATE       (3)         (4)       (5)         (6)       (6)		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)         (7)		11e or 11f. See Form 990, Part X, line 25.	

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 LAWYERS FOR GOOD GOVERNME		82-1029663 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
_5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5
De			
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	er Return.
Ра	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12		er Return.
1		2a.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a. 	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. 2a 2b 2c 2d	
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2c 2d	
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2c 2d 4a 4b	
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 4a 4b	1 

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.

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232054 09-01-22

SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



Employer identification number LAWYERS FOR GOOD GOVERNMENT ACTION FUND

82-1029663

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

RESIST ABUSE OF POWER AND CORRUPTION, AND DEFEND THE RIGHTS OF THOSE

WHO SUFFER IN THE ABSENCE OF "GOOD GOVERNMENT."

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

THE FORM 990 IS REVIEWED BY THE BOARD TREASURER AND FORWARDED TO THE BOARD

OF DIRECTORS BEFORE FILING.

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

OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE TO THE BOARD CHAIR THE

EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF

DIRECTORS BASED ON REASONABLE MARKET RATES FOR POSITIONS REQUIRING SIMILAR

SKILLS, KNOWLEDGE, BACKGROUND AND RESPONSIBILITIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS AND CONTRACTORS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization LAWYERS FOR GOOD GOVERNMENT ACTION FUND	Page 2 Employer identification number 82-1029663
TOTAL EXPENSES	4,910.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,910.
232212 10-28-22 19	Schedule O (Form 990) 2022

15071115 163577 82-1029663

2022.05040 LAWYERS FOR GOOD GOVERNME 82-10291

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. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	<b>tnerships</b> e 33, 34, 35b, 36, information.	or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization LAWYERS FOR GC	GOOD GOVERNMENT ACTIC	ACTION FUND			Employer identification number 82-1029663	fication number 663
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes"	on Form 990, Part IV, line 33				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
Part II         Identification of Related Tax-Exempt Organizations.           organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	inswered "Yes" on Form 990	Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
LAWYERS FOR GOOD GOVERNMENT, INC 81-4543775, 6218 GEORGIA AVE NW, #5001, WASHINGTON, DC 20011	EDUCATION	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 7	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule F	Schedule R (Form 990) 2022

232161 09-14-22 LHA

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Schedule R (Form 990) 2022 LAWYERS	TERS FOR GOOD	D GOVI	i i i i i	ACTION FU	FUND	1	:		82-1	1029663	3 Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a artnership during the ta	<b>as a Partne</b> ax year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	), Part IV, line	: 34, becau	se it had one or	more relat	ed
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income e	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or l DX managing partner? D55 Yes No	or Percentage
										· · · · · · · · · · · · · · · · · · ·	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	<b>as a Corpo</b> ng the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on	Form 990, P.	art IV, line 3	34, because it ha	td one or r	nore related
(a) Name, address, and EIN of related organization	Nu	Prin	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p, income	) of total me	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	p Section Section 512(b)(13) controlled entity? Yes No
232162 09-14-22				- - -		-		-	Schee	dule R (Fo	Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022 LAWYERS FOR GOOD GOVERNMENT ACTION FUND

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		n Parts II-IV?																					rmation on who must complete this line, including covered relationships and transaction thresholds.	<b>(d)</b> Method of determining amount involved	FMV			
		lated organizations listed ir																					is line, including covered re	<b>(c)</b> Amount involved	17,972.]			
		s with one or more rel												nization(s)	nization(s)	on(s)							ho must complete thi	<b>(b)</b> Transaction type (a-s)	Ø			
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	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?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	<b>d</b> Loans or loan guarantees to or for related organization(s)		f Dividends from related organization(s)	g Sale of assets to related organization(s)	Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)		Sharing of paid employees with related organization(s)		p Reimbursement paid to related organization(s) for expenses	<b>q</b> Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any other above is "Yes," see the instructions for information on whether a set of the above is "Yes," see the instruction of the above is "Yes," see the above	<b>(a)</b> Name of related organization	(1) LAWYERS FOR GOOD GOVERNMENT, INC.	(2)	(3)	

Schedule R (Form 990) 2022

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**(6)** 232163 09-14-22

(2)

Schedule R (Form 990) 2022 LAWYERS	RS FOR GOOD GOVERNMENT		ACTION FUND					82-102	-1029663	Page 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	<b>able as a Partnership.</b> Cor	nplete if the organ	e organization answered "Yes" on Form 990, Part IV, line 37.	on Form	990, Part IV, line	37.				
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnershi structions regarding exclus	ip through which t ion for certain inve	which the organization conducted more than five percent of its activities (measured by total assets or tain investment partnerships.	ted more :	than five percent	of its activities (me	asured by	total assets or (	gross revenue)	(enue)
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income p (related, unrelated, excluded from tax under sections 512-514)	er (c) Parther all 501(c)(3) orgs.? Yes No	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI ⊂ amount in box 20 <sup>n</sup> of Schedule K-1 <u>1</u>	(j) General or managing partner? Yes No	(k) Percentage ownership
								Schedule	e R (Fori	Schedule R (Form 990) 2022

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# 82-1029663

## Part VII | Supplemental Information

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

Schedule R (Form 990) 2022

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