Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2019 calendar year, or tax year beginning 2019, and ending C Name of organization 2 D Employer identification number 2 B Check if applicable: 20 - 5194698 Delaware Coalition for Open Governmen Address change Room/suite E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) 302 368 1823 Kent Load Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return DE Wilmington Number ▶ 24 Application pending Other (specify) H Check ► Mif the organization is not G Accounting Method: required to attach Schedule B www. delcog.org (Form 990, 990-EZ, or 990-PF). **□**527 J Tax-exempt status (check only one) -501(c)(3) 501(c) (◄ (insert no.) ☐ 4947(a)(1) or ☐ Other ☐ Association ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 2005.00 1 2 Program service revenue including government fees and contracts 3 ?1 3 ? 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c SCANNED :PR 9 7 202 Gaming and fundraising events: "from gaming (attach Schedule G if greater than Gross income RECEIVED \$15,000) . 6a Gross income from fundraising events (not including \$ from fundraising events, reported on lines) (attach Schedule G if the sum of such gross income and doordributions exceeds \$15,000). of contributions Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 22 12 274.99 13 Professional fees and other payments to indépendent contractors . 13 14 14 15 Printing, publications, postage, and shipping 15 16 16 17 Total expenses. Add lines 10 through 16 17 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 4941.88 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) 20 4852.70 Net assets or fund balances at end of year. Combine lines 18 through 20 21

Pa	Part II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
		(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments		[4941.88	22	4852.70
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		, [24	
25	Total assets		[4941.88	25	485270
26	Total liabilities (describe in Schedule O)		[7	26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	V	27	4852.70
Par	t III Statement of Program Service Accom	plishments (see th	ne instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part_III □		Expenses
What	t is the organization's primary exempt purpose? E	Lucation for	Open and Gor	Government		uired for section c)(3) and 501(c)(4)
as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	rogram services, , the number of		nizations; optional for
28	Annual Meeting at Widerer Universit	y Delaware 1	an School			
	quest speaker Delawore Attor	ney General o	n Criminal J	estere		Į.
	Reform and Prestom of In	formation				
?:	(Grants \$ 0.00) If this amount	includes foreign gra	ants, check here .	> 🗆	28a	220.00
29	Executing the public for the A	eed of a De	lawore Inspe	itor		
	General to promote gove	I governmen	W			
		0				
	(Grants \$ 0.00) If this amount	includes foreign gra	ants, check here .	▶ 🗍	29a	700.00
30	favid anomiess about good					
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		mpany Art				
			ants, check here .	→	30a	0.00
21	Other program services (describe in Schedule O)	includes foreign git	into, check here .		004	
31	· ·	inaludas faraiga am			31a	(
22	Total program service expenses (add lines 28a t		ants, check here .		32	920.00
Par					Suuc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	(c) Reportable 21	(d) Health benefits,		· · · · LJ
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe	01	Estimated amount of ther compensation
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4	President		0	0		
Wi	Man Cortes Ju President who Diswood	2	U	0		0
w	itia Disword	2			1	a۱
	sec retary		0	0		<u></u>
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Ku	ster Profe	5			+-	
Ru	ole Yngte Ith Steek	5	0	0	-	0
Ku	de Yngte ith Steek	5			-	
Ku	slee Yngte. ith Steek	5				
Ku	oler Yngte	5			-	
Ku	slee Yngte. ith Steek	5				
Ku	slee Yryte	5				

?:

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00	1502	3482	199
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	392	X
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	#22E	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	を		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed none	72	7 1/0	11.0.
42a	The organization's books are in care of Anta Rush Telephone no. 303 1000 1000 Telephone no. 1000 10		1 78	<u> </u>
b	Located at ► <u>950 Deven Druc Nework</u> , <u>DE</u> ZIP + 4 ► <u>197</u> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	Y
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		V
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in fleu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	H	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u> </u>	7
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	777	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Y
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Y

								Yes	No		
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in opposit	tion	program.			
Part		indidates for public office? If "Yes," o		, Part I	• • •		· 46	<u>: </u>	X		
r ant		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s must answer que				e tables	for lin	es		
		Check if the organization used Sch	hedule O to respond	I to any question i	in this Par	<u>t VI</u>			<u>. </u>		
47	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										
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								a	X		
50	Com	plete this table for the organization's oyees) who each received more than	five highest compen-	sated employees (other than ganization	officers, direct	ors, truste	ees, an			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, utions to employee plans, and deferred empensation	(e) Estima other co	ted amou impensat			
	No	ne_									
			<u></u>								
			<u> </u>								
			·				· 				
51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	 ctors who each	received	d more	than		
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)	Compensa	tion			
	No	ne_									
				A							
52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	_		rganization	s must attach	n a .▶ <mark>K</mark> ÍYe:	s 🔲 l	No		
Under potrue, cor	enalties rect, an	of perjury, I declare that I have examined this raid complete. Declaration of preparer (other than	retum, including accompan officer) is based on all info	ying schedules and statemation of which prepa	ements, and rer has any ki	to the best of my kn nowledge.	owledge an	d belief,	it is		
		1 Mich Warela	ebi'			3/9/	2020)			
Sign Here	?;	Signature of officer NICK WASILESKI	PRESIDER	rt		Date /					
		Type or print name and title	Dropprode signature		Date		PTIN				
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	र्व				
Use (Firm's name				Firm's EIN ▶					
May th	ne IRS	Firm's address ▶ discuss this return with the preparer	r shown above? See i	nstructions		Phone no	► ☐ Ye	s 🗆 l	No		

SCHEDULE A (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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Namę	₽f t	he organizatio	on p		\mathcal{C}	CI.	1	4	-		Employer identification		
_	Du	laware	_ Coa	liter	tw	Opin	6000	mment			20-5190	1498	
Pai	tΙ	Reaso	n for Pu	ıblic Cha	rity Sta	atus (All	organiza	tions must	t comple	te this p	art.) See instruction	ons.	
The	orga	anization is	not a priv	ate founda	ation be	ecause it	is. (For line	es 1 through	12, che	ck only or	ne box.)		
1		A church,	conventio	n of churc	hes, or	associat	ion of chui	rches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).	0	
2		A school d	escribed	ın section	170(b)	(1)(A)(ii).	(Attach So	chedule E (F	orm 990	or 990-E	Z).))	
3		A hospital	or a coop	erative ho	spital s	ervice or	ganızation	described (n section	170(b)(1)(A)(iii).	, .	
4		A medical	research	organizatı	on oper	ated in c	onjunction	with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iiì). Enter the	
		hospital's	name, cit	y, and stat	e								
5		An organiz	ation ope	erated for	the ber	nefit of a	college o	r university	owned c	r operate	ed by a governmen	al unit described	d ir
	_	section 17					Ū	•		•	, 0		
6		A federal.	state, or I	ocal gover	nment o	or aovern	mental un	it described	in secti o	on 170(b))(1)(A)(v).		
7		-	-	-		•					nmental unit or fror	n the general pu	blic
	_	described		•			•	•	•	. 3			
8							•	(Complete	Part II)				
9	_									erated in	conjunction with a	and-grant colleg	_
•											ne, city, and state of		_
		university.	.y 01 a 110	iana gra		go o, ag.	10011010 (0	00 111011 00111	5110j. E11tt	, (110 110)	ino, only, and olaro o	ino conego or	
10	X	An organiz	ation that	normally	receive	s: (1) mor	e than 33	/3% of its s	upport fro	m contri	butions, membershi	p fees, and gross	 Š
	_	receipts fro	m activit	es related	to its e	xempt fu	nctions -:	subiect to c	ertain exc	ceptions.	and (2) no more tha	n 331/3% of its	
		support fro	m gross	investmen	t incom	e and un	related bu	siness taxa ection 509(a	ble incom	ne (less so	ection 511 tax) from	businesses	
44	\Box								-				
11		-	-		-		-	•	-		ion 509(a)(4). unctions of, or to ca		
12	Ш										ection 509(a)(2). Se		
											on and complete line		
_					•			••	. •	•	•		•
а						•			•		rted organization(s),		g
								appoint or e /, Sections			he directors or trust	ees or the	
			•			•							
b						•					supported organizati		
										persons	that control or man	age the supporte	:O
		_			-			ns A and C					41_
С											n with, and function	any integrated wi	ın,
_				-			•	-			ions A, D, and E.		
d				_	_			•	•		ection with its suppo	•	٠,
											ution requirement ar	id an attentivene	SS
		`	•		•		-	Part IV, Sec					
е		☐ Check	this box i	f the organ	ization	received	a written	determination	on from tl	ne IRS th	at it is a Type I, Typ	e II, Type III	
_	_							tegrated sup	oporting (organizat	ion.		
T		nter the nu										· · L	
g							orted org	anization(s)					
	1 (1)	Name of suppo	orted organi	zation	(is) EIN		f organization on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of	
	•							instructions))		ment?	instructions)	other support (see	,
			_				,					ŕ	
_									Yes	No			
(A)							1		İ				
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(B)													
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Tatal					i		1		i		<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	duality unde	i the tests its	ited below, p	iease comple		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")				/		(1)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		_		\angle		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4			7			
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	,				_12	
13	First five years. If the Form 990 is for the	- /			_		n 501(c)(3)
Section	organization, check this box and stop he on C. Computation of Public Support		<u></u>	•		<u> </u>	
14	Public support percentage for 2019 (line			1. column (f))		14	%
15	Public support percentage from 2018 Sci	, , , ,	-			15	%
16a	331/3% support test-2019. If the organ					3 ¹ /3% or more,	check this
	box and stop here. The organization qua	<i>,</i>		-			_
b	331/3% support test—2018. If the organization						
4-	this box and stop here. The organization	•	• • •	_			▶ 🛄
17a	10%-facts-and-circumstances test/2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organia	eck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fact	e "facts-and-c	ircumstances"	test, check t	this box and s	top here.
18	Private foundation. If the organization di						
	instructions	· ·	<u>.</u>		<u> </u>	<u> </u>	▶ □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(-,/	(0) 2010	3-,			
	received (Do not include any "unusual grants.")					2005.00	2005 00
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an		-		-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	Į.		1			
	organization without charge.						
6	Total. Add lines 1 through 5			_		2005.00	2005.00
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				i		
	•						
C	Add lines 7a and 7b Public support. (Subtract line 7c from			_			
8	line 6)		. ,			* ****	2005.00
Secti	on B. Total Support		<u> </u>				
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	, (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						0
	payments received on securities loans, rents,					153	(3
	royalties, and income from similar sources.					173	, 53
b	Unrelated business taxable income (less					i	
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975		ļ. — .			.53	1.2
_	Add lines 10a and 10b			1	 		, 53
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		 	-			
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-				
-	and 12.)					.53	,53
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>				
Secti	on C. Computation of Public Support					- , · , ·	
15	Public support percentage for 2019 (line						<u>%</u>
16	Public support percentage from 2018 Sc				· · · ·	16	%
	on D. Computation of Investment In				(5)	1471	0/
17	Investment income percentage for 2019 (imin (1))	17	<u>%</u> %
18	Investment income percentage from 2018 331/3% support tests—2019. If the organ	o ochedule A,	raitill, II/10 17	 . on line 14 au	 nd line 15 is m		
19a	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as:	a publicly supp	orted organizati	on $ ightharpoon$
b	331/3% support tests—2018. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	-				

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations \mathcal{N}/\mathcal{A}			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u>. </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		11.
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	٠.	<u></u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	- 4b	·	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<u>n</u> 4c		4
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		, , , , , , , , , , , , , , , , , , ,
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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).	7		<u>, </u>
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)	8		
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 .	9a	-	
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.	9b		
С	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.	<u>:</u> 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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)	10a 10b	_	

Schedu	le A (Form 990 or 990-EZ) 2019		ı	Page 5
Part	V Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Yes	No C, C
с	below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11a 11b 11c		
Secti	on B. Type I Supporting Organizations			`
1 2	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	Yes	No
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	¥ ;	
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	2 1	Yes	No
Section	on D. All Type III Supporting Organizations			$\overline{}$
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	•,	
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	see ins		ons).
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.	~	l	· 🖊 📗

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

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

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

За

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		•	
a Average monthly value of securities	۲ą		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			1. 1. 2.2. 1.2.
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	<u> </u>	
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		1
7 Check here if the current year is the organization's first as a non-functional instructions)	ly int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u> b</u>	From 2015			
C	From 2016			
d	From 2017			
e				
f	Total of lines 3a through e		\	
g	Applied to underdistributions of prior years		\	
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			*1 * , *
4	Distributions for 2019 from			
	Section D, line 7. \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	ļ		
<u> </u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			······································
d	Excess from 2018		· · · · · · · · · · · · · · · · · · ·	·
	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

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

	see separate instructions), ti				
• S	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization Dulaware Coal	stron for Open Gove	nment		ntification number 9 449 8
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 (organization.
1	Provide a description of definition of "political car	the organization's direct and in	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions)			0,00
3		cal campaign activities (see instruc			0
Pari		e organization is exempt und			
1		excise tax incurred by the organiza			0.00
2		excise tax incurred by organization			0.00
3	•	ed a section 4955 tax, did it file For	•		. Yes No
4a	Was a correction made?		•		Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
1		ly expended by the filing organiz			0.00
2	527 exempt function acti			\$	0.00
3		expenditures. Add lines 1 and 2		on Form 1120-POL, ▶ \$	0.00
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee	enter the amount mptly and directly	paid from the filing organ delivered to a soparato p	ization's funds. Also enter political organization, such
	(a) Name None	(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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_		,	•					. 490 -		
Part II-A		Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
A	Check ▶						er's name,			
_	01 1 5	address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.								
<u>B</u>	Check ▶				ovisions apply.	T				
	•	(The term "expenditures"	bbying Expendit		1	(a) Filing organization's totals	(b) Affiliat group tot			
	la Total	lobbying expenditures to influer		 		0.00	NIA			
				legislative body (direct lobbying)			NIA			
_		otal lobbying expenditures (add lines 1a and 1b)				0.00	1 111			
		Other exempt purpose expenditures				0.00	NA			
	e Total	otal exempt purpose expenditures (add lines 1c and 1d)				0.00				
		Lobbying nontaxable amount. Enter the amount from the following table in both								
	colum		1S					0.00		
		mount on line 1e, column (a) or (b	is: The lobbying	g nontaxable amount is:		* 1				
		er \$500,000		nount on line 1e.						
		500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.						
		1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.						
		1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.						
		17,000,000 roots nontaxable amount (enter		\$1,000,000.			0.00			
	_	act line 1g from line 1a. If zero o	•	•			0.00			
		act line 1f from line 1c. If zero or				0.00	0.00			
		If there is an amount other than zero on either line 1h or line 1i, did the organization								
		ing section 4911 tax for this ye					_] Yes [No		
				Period Under Sec						
	(Son	ne organizations that made a				of the five column	ıs below.			
		See t	the separate instr	ructions for lines	2a through 2f.)	NA				
	Lobbying Expenditures During 4-Year Averaging Period									
		LOBBY	ing Expenditures	During 4-Year Av	eraging Period	r				
	Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Tota	d .		
:	2a Lobby	ring nontaxable amount		•		•				
		ving ceiling amount								
	(150%	of line 2a, column (e))								
	c Total	lobbying expenditures								
	d Grass	roots nontaxable amount	, ,							
_		roots ceiling amount 6 of line 2d, column (e))								
	f Grass	roots lobbying expenditures	,					•		

Schedule C (Form 990 or 990-EZ) 2019

	(election under section 501(h)). N/A Form 5768 filed March 7	/				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	a) T	ļ . <u> </u>	(b)	
desci	ription of the lobbying activity.	Yes	No	А	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local	5 335	## T	1707	4	
	legislation, including any attempt to influence public opinion on a legislative matter or	NO.			1	
	referendum, through the use of:	73.7	五	是		
а	Volunteers?			77.7		***
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?		<u></u> .			
đ	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
Ť	Grants to other organizations for lobbying purposes?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
		2. estes	الانجاما	L		
j 2a	Total. Add lines 1c through 1i	7	AND STATE AND	3/9/9/9/3	VERNO	经产品的
b		وق والمحرجة	يها المارة	11111	ni cours	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	12.5				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	P. Active	35.00	海州	300	A Thomas
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5).	or se		-,ra-rig	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	L	L
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(5), (2 /h)	or se Dart	ction III A	ina 3	ì ie
	answered "Yes."	1 (D)	rait	111774, 1	iiie c), 13
1	Dues, assessments and similar amounts from members		4			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of	1844			
_	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		Water St.			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby		· ·		/	
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	Supplemental Information	15	N- D-	- II A I		
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groi instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ab iisi	ı, rar	t II-A, I	ines i	ano
- 1000	motivations, and raining, line 1. Also, complete this part for any additional motivation.					

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	m 990 or 990-EZ) 2019 Supplemental Information (continued)	
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· SCHEDULE O (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

2019

Open to Public Inspection

Name of the organization	on Coalition	- For Open	Governmen	 .t	Employer identification number 20 - 5194698
line 8	Other Revenu	ve_		.53	
	Interes				
line 16	Other Exper	15KJ		375.00	
	DE Con	o Filing Fre			
	Delaware	o Filing Fee Alliance For	Nm Profit A	Looncement	
	National	Free Lom of	Intermeter	Calotion	
		- Audobon			

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