Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	ir year, or tax year beginning 01/01/2022 and ending	12	/31/202	22
B 0	heck if ap	oplicable:	C Name of organization	D Emp	oyer ide	entification number
=	Address c	-	DELAWARE COALITION FOR OPENGOVERNMENT INC			0-5196698
	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone nu	umber
=	nitial retur	rn/terminated	1012 Kent Road		30	2-368-1823
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	ıp Exer	mption
	Applicatio	on pending	Wilmington, DE 19807	Nun	nber	
G A	Account	ting Method:	✓ Cash Accrual Other (specify):	H Check	☑ if the	organization is not
I V	Vebsite	www.delc	og.org	required	to atta	ach Schedule B
J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90).	
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other:			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
(Par	t II, coli		500,000 or more, file Form 990 instead of Form 990-EZ		. \$	3,810
Pa	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see th	ne instru	ctions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Parl	tl		
	1	Contributio	ns, gifts, grants, and similar amounts received		1	3,525
	2	Program se	ervice revenue including government fees and contracts		2	285
	3	Membershi	p dues and assessments		3	0
	4	Investment	income		4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b	Less: cost	or other basis and sales expenses	0		
	С	Gain or (los	s) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	0
	6	Gaming an	d fundraising events:			
	а	Gross inco	ome from gaming (attach Schedule G if greater than			
ire		\$15,000) .	6a	0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 1,125 of contribut	tions		
Be			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	1,833		
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
		line 6c) .			6d	-1,833
	7a	Gross sales	s of inventory, less returns and allowances	0		
	b	Less: cost	of goods sold	0		
	С	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other rever	nue (describe in Schedule O)	<u></u>	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	1,977
	10	Grants and	similar amounts paid (list in Schedule O)		10	0
	11		id to or for members		11	0
es	12		her compensation, and employee benefits		12	0
Su	13		al fees and other payments to independent contractors		13	360
Expenses	14		r, rent, utilities, and maintenance		14	0
ш	15	• .	ıblications, postage, and shipping		15	0
	16	Other expe	nses (describe in Schedule O)	<u></u>	16	0
	17		nses. Add lines 10 through 16		17	360
ţ	18	,	deficit) for the year (subtract line 17 from line 9)		18	1,617
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agr			
As		=	r figure reported on prior year's return)		19	6,668
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	<u></u>	20	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		21	8,285

Form 990-EZ (2022)

Part II Balance Sheets (see the instructions for Part II)

	Check if the organization used Schedule	O to respond to ar	y question in this	Part II		🗆
	<u> </u>	•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[6,668	22	8,285
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		<u>.</u>	0	24	0
25	Total assets			6,668	25	8,285
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			6,668	27	8,285
Par	Statement of Program Service Accom					F
	Check if the organization used Schedule		•	Part III 📋	(Re	Expenses equired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1		501	1(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				"	anizations; optional for ers.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		services provided	, the number of	Oth	ers.)
·		· ·		blic cod		1
28	Statement of Accomplishments - The Delaware Coali raised awareness about the need for greater corpora					
	(Continued on Schedule O, Statement 2)	ite transparency as e	labled by Delaware	State		
		includes foreign gra	nts. check here		28	a 0
29	Statement of Accomplishments - The Delaware Coali					<u> </u>
	raised awareness about the need for greater corpora					
	(Continued on Schedule O, Statement 3)					
		includes foreign gra	nts, check here .	🗆	298	a 1,617
30						
		includes foreign gra			30a	а
31	Other program services (describe in Schedule O)				١	
20		includes foreign gra			318	
	Total program service expenses (add lines 28a t				32	.,,,,,,
гаі	Check if the organization used Schedule				15111	
			(c) Reportable		Ī	
		(b) Average	compensation	(d) Health benefits, contributions to employ	ee (e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	benefit plans, and deferred compensation		other compensation
			(if not paid, enter -0-)	deferred compensation		
Johr	n Kowalko III	10.00	0		0	0
	ident					
	ackson	5.00	0		0	0
	President	2.00	0		_	
	/ Diswood etary	2.00	U		0	0
	a Rush	2.00	0		0	0
	surer		_			_
Johr	n Flaherty	4.00	0		0	0
Boa	d Member					
Nick	Wasileski	10.00	0		0	0
Boa	d Member					
	Breen	2.00	0		0	0
	d Member				_	
	ilie Pryde	2.00	0		0	0
	rd Member chia Smith	2.00	0		0	0
	rd Member	2.00	U		٦	U
_500					+	

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
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		/
	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,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
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			
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		/
41	List the states with which a copy of this return is filed: DE	100		
		302-73	7-4849	9
	Located at: 1012 Kent Boad Wilmington DE 19907	100	307	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
110	Did the organization maintain any denor advised funds during the year? If "Vee," Form 000 must be		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		>
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		/
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		>
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-F7. See instructions	45h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 99	U-EZ (20	J22)	Yes No							
									Yes	s No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							3	
Part \		Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, and	d com	olete th	e tables	for li	nes
		50 and 51.			,	'				
		Check if the organization used Sch	nedule O to respond	to any guestion i	n this Par	VI .				. \square
		<u> </u>							Yes	s No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			_	tax . 4		
48	•	organization a school as described in						. 48	_	1
49a		ne organization make any transfers to								
b		s," was the related organization a se	•					. 49		+
50		blete this table for the organization's								nd key
30		by ees) who each received more than								
	ompic	system with sacrificative man	Ψ100,000 01 00111poi	(c) Reportable		ealth ber		0, 011101		•
	(a)	Name and title of each employee	(b) Average hours per week	compensation			employee	(e) Estim	ated am	ount of
	(u)	Name and the or each employee	devoted to position	(Forms W-2/1099-MIS 1099-NEC)			deferred	other c	ompens	ation
			·	1099-NEC)		mpensat	ion			es No and key e." mount of isation No
None										
f		number of other employees paid over								
51	Comp	plete this table for the organization's	s five highest compe	ensated independe	ent contrac	ctors w	ho each	n receive	d mor	re thar
	\$100,	000 of compensation from the organ	lization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)) Compens	ation	
None										
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .						
52	Did t	he organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganization	s mus	t attach	h a		
	comp	eleted Schedule A						. 🔽 Y	es 🗌	No
		of perjury, I declare that I have examined this re						nowledge a	nd belie	ef, it is
rue, cor	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any kr	owledge	٠.			
Sign		Signature of officer				Date				
Here		Nick Wasileski, Trustee								
		Type or print name and title							-	
اب: O		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN	i	
Paid	OFO					I	self-emplo			
Prepa		Firm's name				Firm's I	· · · · ·			
Jse (Uniy	Firm's address				Phone				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				. \(\) Y	es 🗆	No

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Employer identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ALITION FOR OPENGOVE						96698
Par		eason for Public Cha						ons.
The o	•	on is not a private founda		,		-	•	
1		rch, convention of church					0(b)(1)(A)(i).	
2		ool described in section						
3		oital or a cooperative hos lical research organizatio						/iii) Fatar tha
4	_	al's name, city, and state	•	onjunction with a nosp	Jilai desc	nbea in s	section 170(b)(1)(A)	(III). Enter the
5	•	ganization operated for t		college or university	owned o	r operate	ed by a government	al unit described in
		on 170(b)(1)(A)(iv). (Com	•					
6		eral, state, or local govern						
7	_ `	ganization that normally bed in section 170(b)(1)			port from	ı a gover	nmental unit or from	the general public
0				· ·	Dort II \			
8 9		munity trust described in			-			
9	or univer	•	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	receip suppo	ganization that normally r ts from activities related ort from gross investment red by the organization a	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	331/3% of its
11	•	ganization organized and		•		•	•	
12		anization organized and						
		more publicly supported						
		x on lines 12a through 12		*			•	
а		pe I. A supporting organ supported organization						
		pporting organization. Y o					ne directors or trust	ees or the
b		pe II. A supporting organ						
		ntrol or management of				persons	that control or man	age the supported
		ganization(s). You must	-			4:		-
С		pe III functionally integ supported organization(any integrated with,
d		pe III non-functionally i	, ,	•				orted organization(s)
ű	-	at is not functionally integ	•		•			• • • • • • • • • • • • • • • • • • • •
		quirement (see instruction						
е	☐ Cr	eck this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III
	fur	nctionally integrated, or T	ype III non-func	tionally integrated sup	oporting o	organizat	ion.	
f		e number of supported o						
g		the following information					T	
	(i) Name of	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	organization ur governing ment?	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	nent:	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		2,005	1,050	1,425	3,525	8,005
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		0	0	0	285	285
3	Gross receipts from activities that are not an		0	J	- J	203	
	unrelated trade or business under section 513		0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf		0	0	0		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge		0	0	0	2.040	0
6 7a	Total. Add lines 1 through 5	0	2,005	1,050	1,425	3,810	8,290
, u	received from disqualified persons .		0	0	0		0
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		0	0	0		0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						0.200
Secti	on B. Total Support						8,290
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	2,005	1,050	1,425	3,810	8,290
10a	Gross income from interest, dividends,		2,000	1,000	1,120	0,010	0,270
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		1	0	0	0	1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975				_		_
С	Add lines 10a and 10b	0	1	0	0	0	0 1
11	Net income from unrelated business	0	<u> </u>	0	0	0	<u>_</u>
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on		0	0	0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)		0	0	0		0
13	Total support. (Add lines 9, 10c, 11, and 12.)		2.001	1.050	4.405	2.040	0.004
14	First 5 years. If the Form 990 is for the	0 organization's	2,006	1,050 third fourth	or fifth tax ve	3,810	8,291 n. 501(c)(3)
• •	organization, check this box and stop he	J			,		(, (,
Secti	on C. Computation of Public Suppor	rt Percentage	е				
15	Public support percentage for 2022 (line 8	B, column (f), d	ivided by line	13, column (f))		15	99.99 %
16	Public support percentage from 2021 Sch	,				16	99.99 %
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (-	* * * *	17	0.01 %
18	Investment income percentage from 2021 331/3% support tests—2022. If the organ					18 oro than 331/00	0.01 %
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2021. If the organiz	_	_	-		-	_
D	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di	_	_	•		-	

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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.

3b

Schedule A (Form 990) 2022

	Tune III Non Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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 Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number DELAWARE COALITION FOR OPENGOVERNMENT INC** 20-5196698 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Sch	nedule C (Form 990) 2022					Page 2
Pa	art II-A Complete if the organization section 501(h)).	ı is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
Α	Check if the filing organization belongs to EIN, expenses, and share of excess.			art IV each affiliate	ed group member's	s name, address,
В	Check if the filing organization checked by	oox A and "limit	ed control" provis	sions apply.		
	Limits on Lobby		· · · · · · · · · · · · · · · · · · ·		(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
_	1a Total lobbying expenditures to influence		grassroots lobbyi	na)	0	
	b Total lobbying expenditures to influence				0	
	c Total lobbying expenditures (add lines 1a	•		• •	0	
		-			0	
	e Total exempt purpose expenditures (add				0	
	f Lobbying nontaxable amount. Enter t columns.		•		0	
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	nontaxable amount	t is:		
	Not over \$500,000	20% of the am				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 259	% of line 1f) .			0	
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0			0	
	i Subtract line 1f from line 1c. If zero or les	s, enter -0			0	
	j If there is an amount other than zero reporting section 4911 tax for this year?			the organization		Yes No
	(Some organizations that made a sec See the	ar Averaging P tion 501(h) ele separate instru	eriod Under Sec ction do not have uctions for lines	tion 501(h) e to complete all 2a through 2f.)		ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
	2a Lobbying nontaxable amount	0	0	0	0	0
	b Lobbying ceiling amount (150% of line 2a, column (e))					0
	c Total lobbying expenditures	0	0	0	0	0
	d Grassroots nontaxable amount	0	0	0	0	0
	e Grassroots ceiling amount (150% of line 2d, column (e))					0

0

0

0

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Page 3

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

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	No	Ar	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- 4.1		
Part l	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	_	-			
alt	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" Organization answered "Yes."				ine 3	s, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	$Aggregate \ amount \ reported \ in \ section \ 6033(e)(1)(A) \ notices \ of \ nondeductible \ section \ 162(e) \ dues \ .$	1	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, li	nes 1	and

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

20-5196698
not including contributions - \$285.00
elaware State Franchise Tax - \$200.00

Schedule O, Statement 1

DELAWARE COALITION FOR OPENGOVERNMENT INC

Form: Form 990-EZ (2022) EIN: 20-5196698

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Educating the public and raising awareness about government transparency and accountability

Schedule O, Statement 2

DELAWARE COALITION FOR OPENGOVERNMENT INC

Form: Form 990-EZ (2022) EIN: 20-5196698

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

legislation. The organization educated the public and raised awareness about Delaware state legislation that weakened the Freedom of Information Act.

The organization educated the public and raised awareness about the need for Delaware state legislation to address the need for a Delaware Office of the Inspector General. The organization assisted state legislators to strengthen Delaware Freedom of Information Act.

Schedule O, Statement 3

DELAWARE COALITION FOR OPENGOVERNMENT INC

Form: Form 990-EZ (2022) EIN: 20-5196698
Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

Description

legislation. The organization educated the public and raised awareness about Delaware state legislation that weakened the Freedom of Information Act. The organization educated the public and raised awareness about the need for Delaware state legislation to address the need for a Delaware Office of the Inspector General. The organization assisted state legislators to strengthen Delaware Freedom of Information Act. The organization was instrumental in advancing a state bill to create the office of a Delaware inspector General. The organization sponsored an event in December 2022 attended by approximately 80 residents to honor recently elected officials.