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)

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or the	2020 calenda	ar year, or tax year beginning January 1	2020, and ending	December	31 , 20
В	Check if ap	oplicable:	C Name of organization ?		D Employer id	entification number
<b>V</b>	Address c	hange	Minnesota Coalition on Government Information		•	
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone no	ımber
=	Initial retur		1539 Grand Avenue	_	İ	
Ħ		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exe	motion
=	Amended Application	n pending	St. Paul, MN 55104		Number	
		ting Method:	✓ Cash			
	Vebsite	J	mncogi.org		,	the organization is not
		-				ach Schedule B
				a)(1) or	(Form 990, 990	J-EZ, or 990-PF).
				ther		<del></del>
(Pai	rt II coli	umn (B)) are \$	7b to line 9 to determine gross receipts. If gross receipts are \$200,00500,000 or more, file Form 990 instead of Form 990-EZ		l assets	
	art I				· · \$	4469.78
F	art	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances (see the	instructions	for Part I) 🔞
		Check if	the organization used Schedule O to respond to any ques	stion in this Part I		
Ľ.	1				1	4469.78
?	2		ervice revenue including government fees and contracts .		2	
?	3		p dues and assessments		3	
?	4	Investment			4	15.66
	5a	Gross amo	unt from sale of assets other than inventory	5a		
	b	Less: cost	or other basis and sales expenses	5b	8,117	
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b f	rom line 5a)	5с	
	6		d fundraising events:	,		
٠.	а	Gross inco	ome from gaming (attach Schedule G if greater than			
ine		\$15,000) .		6a		
Revenue	b	Gross inco	me from fundraising events (not including \$	of contribution	ns	
Re		from fundra	aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000).	6b		
	С	Less: direc	t expenses from gaming and fundraising events	6c		
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6		btract	
		line 6c) .			· · 6d	
	7a	Gross sales	s of inventory, less returns and allowances	7a		
	b		of goods sold	7b		
	С		t or (loss) from sales of inventory (subtract line 7b from line 7		7c	
	8		nue (describe in Schedule O)	*	8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. • 9	4485.44
	10	Grants and	similar amounts paid (list in Schedule O)	· · · · · ·	10	
	11		id to or for members		11	
ģ	12		her compensation, and employee benefits 2			
JSe	13		al fees and other payments to independent contractors 2			1582.59
Expenses	14	Occupancy				1002100
$\Xi$	15		/, rent, utilities, and maintenance		14	15.35
	16	Other expe	nses (describe in Schedule O)		15	1806.29
	17	Total evne	nses Add lines 10 through 16		16	3404.23
	18	Evenes or	nses. Add lines 10 through 16	<u> </u>	. > 17	1081.21
Net Assets	19			(4))	18	1001.21
SS	.5	end-of-ves	or fund balances at beginning of year (from line 27, column r figure reported on prior year's return)			00 040 40
ťΑ	20		· · · · · · · · · · · · · · · · · · ·		19	23,346.42
Se	20	Other chan	ges in net assets or fund balances (explain in Schedule O) .			
	21	ivet assets	or fund balances at end of year. Combine lines 18 through 2	<u> </u>	. 🕨 21	24,427.63
ror	Paper	work Reducti	on Act Notice, see the separate instructions.	Cat. No. 10642l		Form <b>990-EZ</b> (2020)

?

Par	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedul		ny guastian in this [	Port II		
	Officer if the organization used Schedul	e O to respond to a		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			23,346.42		24,427.63
23	Land and buildings			0.00		0.00
24	Other assets (describe in Schedule O)			0.00	24	0.00
25	Total assets			23,346.42		24,427.63
26	Total liabilities (describe in Schedule O) .			0.00		0.00
27	Net assets or fund balances (line 27 of colum	n (B) <b>must</b> agree wit	h line 21)	23,346.42	27	24,427.63
Par	t III Statement of Program Service Accor	nplishments (see th	ne instructions for P	art III)		
	Check if the organization used Schedul					Expenses
What	t is the organization's primary exempt purpose?	Public education ab	out government trans	sparency		uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomp	lishments for each o	f its three largest pr	ogram services.		nizations; optional for
as m	neasured by expenses. In a clear and concise i	manner, describe the	e services provided	, the number of	other	rs.)
	ons benefited, and other relevant information for e					
28	Public education on government transparency issu					
	event during Sunshine Week. Events are staffed by		s for 2020 include pre	paration of		
	commemorative award; video production services;					
?	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	28a	1507.87
29	Legal work in support of government transparency	matters. Work condu	cted by paid attorney	s supervised		
	by volunteer board members.					
	(Grants \$ ) If this amoun	nt includes foreign gra	ants, check here .	<u>.</u> ▶ □	29a	500.00
30	Advocacy at the Minnesota Legislature in support					
	Government Data Practices Act - and other govern		tiatives. Advoacy wor	k is conducted		
	by volunteer board members. No expenses in 2020	). 				
	(Grants \$ ) If this amoun	nt includes foreign gra	ants, check here .	🕨 🗌	30a	0.00
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amoun	nt includes foreign gra	ants, check here	▶ □	31a	
	Total program service expenses (add lines 28a				32	2007.87
Par					nstruc	tions for Part IV)
	Check if the organization used Schedul	e O to respond to a	ny question in this l	Part IV		🗆
	5 (22)	(b) Average	(c) Reportable ?	(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) (if not paid, enter -0-)	benefit plans, and deferred compensatio	0	ther compensation
Gary	Hill - President		(ii ii o i paia, oii o i			
Hal [	Davis - Secretary	1.5	0	N/	Ά	0
Matt	Ehling - Treasurer		<del> </del>			
	Gemberling - Director	4	0	N/	Ά	0
	es Barnum - Director					
Bill	Bushey - Director	0.5	0	N/	Ά	0
Pat [	Doyle - Director				-	
Nand	y Herther - Director	0.5	0	N/	⁄Α	0
	Kirtley - Director					
	on Schmickle - Director	0.5	0	N.	⁄Δ	0
Paul	Ostrow - Director				-	
Isab	ella Nascimiento	0.5	0	N	Δ	0
					-	
					+	
					-	
		<del></del>				
		I	1	1		

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	e V	
	include to 10 1 art v.) check if the organization used schedule of to respond to any question in this	5 Fait	Yes	No
	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		<i>v</i>
	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			.,
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)?	34 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	35b		
С	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	35c		_
	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		<u> </u>
b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶  Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
b	section 4911 ► ; section 4912 ► ; section 4955 ►  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		· · · · ·
	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		<b>v</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
L.	Located at ► ZIP + 4 ►			
b	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)?	404	Yes	No
	If "Yes," enter the name of the foreign country ►	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>		, <b>)</b>	► □
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	Yes	NO V
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		<b>✓</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>V</b>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<b>V</b>

46	Did the organization engage, directly or	indirectly, in political	campaign activities on	behalf of or in one	res r	<del>10</del>
	to candidates for public office? If "Yes,"	´complete Schedule C	, Part I	· · · · · · ·	46	/ /
Part \	Section 501(c)(3) Organization	ns Onlv			······································	
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and complete	the tables for lines	
	oo and or.					
	Check if the organization used S	chedule O to respond	d to any question in t	his Part VI	<u> </u>	
17	Did the organization ongoes in labby in	an a and data and a			Yes N	lo
••	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	g activities or have a	section 501(h) election	n in effect during t	the tax	
					· · 47	
i9a	Is the organization a school as described	in section 170(b)(1)(A)(	ii)? If "Yes," complete :	Schedule E	48	/
b	Did the organization make any transfers	to an exempt non-cha	aritable related organiz	zation?	49a	/
i0	If "Yes," was the related organization as	section 527 organization	on?		49b •	_
	Complete this table for the organization employees) who each received more that	s live highest compen	isated employees (oth	er than officers, dire	ectors, trustees, and l	кеу
	Type and the state of the state	in \$100,000 or compe	isation from the organ		one, enter "None."	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	(d) Health benefits, contributions to employ	/ee (e) Estimated amount	of
		devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and defen		
Α				compensation		
			1			
		-				
		· <del>-</del>	İ			
		-				
					1	
f	Total number of other employees paid or	ver \$100,000	N/A			
f 7	Total number of other employees paid or Complete this table for the organization	ver \$100,000	. ► N/A			
1 (	Complete this table for the organization	s five highest compa	ensated independent	contractors who ea	ach received more th	 _ an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			 an
1 (	Complete this table for the organization	n's five highest compe anization. If there is no	ensated independent		ach received more the	— an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			 an 
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			 an 
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
(	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
(	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
1 (	Complete this table for the organization \$100,000 of compensation from the orga	n's five highest compe anization. If there is no	ensated independent ne, enter "None."			an
1 (	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent of the compensation from the organization from	n's five highest compe anization. If there is no ident contractor	ensated independent ne, enter "None." (b) Type of servi			an
1 (	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent contraction of the contract	n's five highest compe anization. If there is no ident contractor	ensated independent ne, enter "None."  (b) Type of servi	ce	(c) Compensation	an
d T?	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Scheduling (b) Scheduling (c) Scheduling	n's five highest compe anization. If there is no ident contractor	ensated independent ne, enter "None."  (b) Type of servi	ce	(c) Compensation	an
d T c	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepensation from the organization complete Schedus completed Schedule A	ar's five highest compe anization. If there is no ident contractor  actors each receiving on the A? <b>Note:</b> All sections	ensated independent ne, enter "None."  (b) Type of service over \$100,000	ce	(c) Compensation	an
d T	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepensation number of other independent control of the organization complete Scheducompleted Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Scheduling (b) Scheduling (c) Scheduling	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedus completed Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T C C C Correction	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedule A alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other tree of officer	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T C C C Correction	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedus completed Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T C C C	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedule A alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other tree of officer	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation	an
d T C C C Correction	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedus completed Schedule A	n's five highest compe anization. If there is no ident contractor  actors each receiving of ule A? <b>Note:</b> All sec	cover \$100,000	izations must atta	(c) Compensation  Ich a  Yes No knowledge and bellef, it is	an
d T C C C C C C C C C C C C C C C C C C	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepensation number of other independent control of the organization complete Schedule A completed Schedule A naities of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other treatment of the complete of officer and complet	actors each receiving oule A? Note: All sectors in sectors and actors and actors and actors and actors acto	ensated independent ne, enter "None."  (b) Type of service of the	izations must atta  its, and to the best of my is any knowledge.  Date  Check	(c) Compensation  Ich a  Yes No knowledge and belief, it is	an
d T C C C C C C C C C C C C C C C C C C	Complete this table for the organization \$100,000 of compensation from the organization from the organization of the organization saddress of each independent control of the organization complete Schedule A salties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other than of the organization of preparer (other than organization) and complete. Declaration of preparer (other than organization) and complete. Perint/Type or print name and title  Print/Type preparer's name	actors each receiving oule A? Note: All sectors in sectors and actors and actors and actors and actors acto	ensated independent ne, enter "None."  (b) Type of service of the	izations must atta  its, and to the best of my any knowledge.  Date  Check Eself-emp	(c) Compensation  Ich a  Yes No knowledge and belief, it is	an
d T C C C C C C C C C C C C C C C C C C	Complete this table for the organization \$100,000 of compensation from the organization from the organization of the organization saddress of each independent control of the organization complete Schedule A salties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other than of the organization of preparer (other than organization) and complete. Declaration of preparer (other than organization) and complete. Perint/Type or print name and title  Print/Type preparer's name	actors each receiving cule A? Note: All sectors, including accompany nofficer) is based on all infor	ensated independent ne, enter "None."  (b) Type of service of the properties of the	izations must atta  its, and to the best of my is any knowledge.  Date  Check	(c) Compensation  Ich a  Yes No knowledge and belief, it is	an

#### SCHEDULE A (Form 990 or 990-E

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Minnesota Coalition on Government Information

Employer identification number

_	Application of the second of t			<u> </u>				
Par	rt I Reason for Public Char	ity Status. (All	organizations mus	t comple	te this p	art.) See instruction	ons.	
he c	organization is not a private foundate							
1	A church, convention of church	nes, or association	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).		
2	A school described in section							
3	A hospital or a cooperative hos							
4	A medical research organizatio						iii). Ente	er the
	hospital's name, city, and state		, and an inter-	, , , , , , , , , , , , , , , , , , ,	inboa iii o		,	, the
5	·	he benefit of a	college or university	owned o	r operate	d by a government	al unit c	lescribed in
6	☐ A federal, state, or local govern	•	mental unit described	in sectio	n 170/h)	(4)(A)( <sub>4</sub> )		
7		receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the ge	neral public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete i	⊃art II.)				
9.					erated in	conjunction with a l	and-ara	nt college
	or university or a non-land-grar university:	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the coll	ege or
10	receipts from activities related support from gross investment	to its exempt fui income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a	ind (2) no more than ection 511 tax) from	331/3%	of its
44	acquired by the organization af							*
	An organization organized and							
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out th	ne purposes
	of one or more publicly suppo	rted organization	ns described in <b>secti</b>	on 509(a	)(1) or <b>s</b> e	ection <b>509(a)(2).</b> Se	e <b>sectio</b>	n 509(a)(3).
	Check the box in lines 12a through							
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t	rted organization(s), he directors or trust	typically ees of th	/ by giving ne
b		-	•			unnorted erganizati	an(a) by	, having
_	control or management of to organization(s). You must o	he supporting o	rganization vested in	the same	persons	that control or man	age the	supported
С	T 111 Comment 11 11 1 1 1	rated. A support	ting organization oper	ated in co	onnectior	n with, and functions ons A. D. and E.	ally integ	rated with,
d	d Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	orted org d an att	ganization(s) entiveness
е		ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type	e III
f	_			oporting (	oi gai iizat	10111	Ε	
а	g Provide the following information				•		· L	
	(i) Name of supported organization							
	(4) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	support (see instructions)	other s	Amount of support (see ructions)
	`			Yes	No	-		
<b>A</b> )								
B)								
C)								
C)								
D)							. 1	
E)								
<b>Tota</b>	al		The state of the s		Property.		,	

Part	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	) alify under
Socti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	idar year (or fiscal year beginning in)	(=) 0040	(1-) 0047	( ) 0040	(0.0010		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2016 6450.87	(b) 2017 11,421.50	(c) 2018 8167.13	(d) 2019 13,619.00	(e) 2020 4469.78	(f) Total 44,128.28
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						
4	Total. Add lines 1 through 3	6450.87	11,421.50	8167.13	13,619.00	4469.78	44,128.28
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)						22,500.00
6 Cooti	Public support. Subtract line 5 from line 4					1909	21,628.28
	on B. Total Support	( ) 2010	<u> </u>			r	
7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2016 6450.87	(b) 2017 11,421.50	(c) 2018 8167.13	(d) 2019 13,619.00	(e) 2020 4469.78	(f) Total 44,128.28
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7.39	14.33	18.34	16.39	15.66	72.11
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	44,290.39 0.00
10	First 5 years. If the Form 990 is for the organization, check this box and stop he	**					<b>.</b>
Secti	on C. Computation of Public Suppor			• • • • •	· · · · ·	<u> </u>	· · • [_
14	Public support percentage for 2020 (line 6			1 column (fl)		14	48 %
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part I ization did not lifies as a publi	I, line 14 . check the box cly supported	on line 13, an organization	[ d line 14 is 33 	15 1/3% or more,	45 % check this ▶ ☑
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not o qualifies as a p	check a box o publicly suppor	n line 13 or 16a ted organizatio	a, and line 15	is 33 <sup>1</sup> /3% or mo	ore, check ☐
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization metal Part VI how the organization meets the organization	eets the facts-	and-circumstaumstaumstances tes	ances test, che	eck this box a ation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	in meets the fa e facts-and-circ	cts-and-circur cumstances te	nstances test, st. The organiz	check this boz zation qualifies	x and stop her	e. Explain
18	<b>Private foundation.</b> If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see ▶ □

# 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees					<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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		<del> </del>				
•	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				TO SHOW IN COLUMN	and the Control of the	
	line 6.)			4		100	
Secti	on B. Total Support	I figure the transfer of a	1		(		
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(-)	(4) 23	(0) 2010	(4) 2010	(0) 2020	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		<del></del>				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)			-			
14	First 5 years. If the Form 990 is for the	organization'	's first, second	, third, fourth	or fifth tax ve	ar as a section	n 501(c)(3)
	organization, check this box and stop he				_		, , , ,
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2020 (line	8, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sci	hedule A, Part	III, line 15 .		·	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2020 (					17	%
18	Investment income percentage from 2019	9 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests - 2020. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly suppo	orted organizati	ion . ▶ 🗌
b	331/3% support tests - 2019. If the organiz	zation did not c	check a box on	line 14 or line	19a, and line 16	is more than 3	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

#### Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	ile A (Form 990 or 990-EZ) 2020	Page	, 5
Part	Supporting Organizations (continued)	1,,	
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 lines 11b and 11c below, the governing body of a supported organization?	Yes No	0
b	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b	
Secti	ion B. Type I Supporting Organizations		
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 <b>Part VI</b> 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.	Yes No	
2	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	ion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No	D See See See See See See See See See See
Secti	ion D. All Type III Supporting Organizations		_
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	0
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
	ion E. Type III Functionally Integrated Supporting Organizations		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 2	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity Activities Test. <b>Answer lines 2a and 2b below</b> .	(see instruction Yes N	
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 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.
- 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.
- 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.

Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru	ıst on Nov. 20, 1970 (expla	nin in <b>Part VI</b> ). <b>See</b> ons A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_ 2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	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):		Company of the	
a	Average monthly value of securities	1a		222 0 200
	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):		2.7	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	The same and the s	
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	<u> </u>		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	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	The state of the s	10 2
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	Ť		44 3.2 2.5
	emergency temporary reduction (see instructions).	6	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
7	☐ Check here if the current year is the organization's first as a non-function (see instructions).		integrated Type III support	ting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continue	ed)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
_3	Excess distributions carryover, if any, to 2020				and the second
а	From 2015				To a section of the
b	From 2016		Comment of the Commen	<i>(</i> 4)	
С	From 2017	The second secon			areas districted and a second
d	From 2018		files and the second		
е	From 2019	a la company			
f_	Total of lines 3a through 3e	THE STATE OF THE S			
<u>g</u>	Applied to underdistributions of prior years			00.00mm***	
<u>h</u>	Applied to 2020 distributable amount		100000000000000000000000000000000000000		
<u> i</u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	Defension of State of	The second second		
4	Distributions for 2020 from Section D, line 7:				weather the contract
				77.7	
a	Applied to underdistributions of prior years			ernass	
b	Applied to 2020 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.				The second of th
C					
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result	The second secon			
	greater than zero, explain in <b>Part VI</b> . See instructions.				<b>设务等</b>
6		100 PM (100 PM )		e e	
U	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	The state of the s			
	Part VI. See instructions.	Mag Magal			
7	Excess distributions carryover to 2021. Add lines 3j			100	
•	and 4c.				A Company of the Comp
8	Breakdown of line 7:	The state of the s			grania de la companya
а	Excess from 2016	7 (1995)			
b	Excess from 2017				
С	Excess from 2018	201	2.75		
d	Excess from 2019		and the same of		
е	Excess from 2020				
		Annual An		and the second second	

	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.)
		<u> </u>
	**	
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#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

Minnesota Coalition on Government Information Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

"N/A" in column (b) instead of the contributor name and address), II, and III.

Name of organization
Minnesota Coalition on Government Information Employer identification number

	s needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Doncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
Minnesota Coalition on Government Information

<b>Employer</b>	identification	number
_		

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		**************************************	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Minnesota Coalition on Government Information

Employer identification number

Part III	the following line entry. For organizations of \$1,000 or less for the	<b>r the year from any o</b> ations completing Part he year. (Enter this info	ne contributor. III, enter the tota prmation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and all of exclusively religious, charitable, etc., ee instructions.) > \$
(a) No.	Use duplicate copies of Part III if ad	ditional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe	<del>-</del>	
	Tunorote o name, address, a		Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfei	_	nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfei nd ZIP + 4	-	ship of transferor to transferee

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

Open to Public Inspection

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-F7, Part V, line 350 (Proxy

	See separate instructions), t	hen	ny ranj (dec separat	e instructions) or Form 990	PEZ, Part V, Inte 350 (Prox)
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization esota Coalition on Governm	ent Information		Employer ider	ntification number
Part	I-A Complete if th	e organization is exempt un	der section 5016	c) or is a section 527 of	organization.
1	Provide a description o definition of "political car	f the organization's direct and mpaign activities")	indirect political ca	ampaign activities in Part	IV. (See instructions for
3	Volunteer hours for politi	ty expenditures (See instructions cal campaign activities (See instr	ructions)		S N/A
Part		e organization is exempt un			
1 2	Enter the amount of any	excise tax incurred by the organi	ization under section	n 4955 <b>&gt;</b> \$	
3	If the organization incurr	excise tax incurred by organizati	on managers under	section 4955 🕨 🖇	N/A
4a	Was a correction made?	ed a section 4955 tax, did it file F	· · · · · · · · · · · · · · · · · · ·	ear?	Yes No
b	If "Yes," describe in Part				Yes No
Part		e organization is exempt un	der section 501/	a) averat costion 501	(a)(a)
1	Enter the amount direct activities	tly expended by the filing organ	nization for section	527 exempt function ▶ \$	(C)(S).
2	527 exempt function act	filing organization's funds conti vities		▶ \$	N/A
3	line 17b	expenditures. Add lines 1 and		▶ \$	N/A
5	Enter the names, addres organization made paym the amount of political co	ses and employer identification nents. For each organization listed ontributions received that were pure fund or a political action commit	number (EIN) of all so d, enter the amount romptly and directly	ection 527 political organi paid from the filing organi delivered to a separate of	zations to which the filing ization's funds. Also enter
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)		<u> </u>			
(4)					
(5)					
(6)					

Sched	ule C (Form 990 or 990-EZ) 2020					Page 2
Part	II-A Complete if the organization section 501(h)).	on is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	
A C	heck  if the filing organization belo address, EIN, expenses, and	ngs to an affiliated share of excess	d group (and list i	n Part IV each affi itures).	liated group membe	er's name,
ВС	heck ► ☐ if the filing organization chec					
		bying Expenditu		The state of the s	(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts	oaid or incurred.	)	organization's totals	group totals
1a	Total lobbying expenditures to influence				0.00	0.00
b	Total lobbying expenditures to influence				0.00	0.00
С	Total lobbying expenditures (add lines	1a and 1b)			0.00	0.00
d	Other exempt purpose expenditures .				3403.23	0.00
е	Total exempt purpose expenditures (ac				3403.23	0.00
f	Lobbying nontaxable amount. Enter columns.	the amount fro	m the following	table in both	680.60	
	If the amount on line 1e, column (a) or (b) is	s: The lobbying r	nontaxable amoun	t is:		Br gart a d
	Not over \$500,000	20% of the amo	ount on line 1e.			To the second
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		1.00
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o		in the second state of	eriote cape
	Over \$17,000,000	\$1,000,000.				Table 1
g	Grassroots nontaxable amount (enter 2	5% of line 1f) .			170.15	0.00
h	Subtract line 1g from line 1a. If zero or	less, enter -0			0.00	0.00
i	Subtract line 1f from line 1c. If zero or le				0.00	0.00
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 see the	ection 501(h) elec e separate instru	uctions for lines	e to complete all 2a through 2f.)	of the five column	s below.
	Lobbyin	g Expenditures I	During 4-Year A	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total
2a	Lobbying nontaxable amount	1185.34		1414.13	680.60	3280.37
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures	219.53	0.00	147.65	0.00	367.18
d	Grassroots nontaxable amount	296.34		353.35	170.15	819.84
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures		0.00	0.00	0.00	0.00

Schedule C (Form 990 or 990-EZ) 2020

	(election under section 501(h)).  ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	ption of the lobbying activity.	Yes	No	A	moun	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:			1		
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?				A PROPERTY OF THE PARTY OF THE	<b>XX</b>
d	Mailings to members, legislators, or the public?					
e	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?					
!	Other activities?	PER PER PER PER PER PER PER PER PER PER	DESCRIPTION OF THE PARTY OF THE			
j	Total. Add lines 1c through 1i	756		encorporation	tara di angles	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	mana di dina di ka	eloksekin kil			
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 .			***************************************	to the same of the same of the same of the same of the same of the same of the same of the same of the same of	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r se	ction		
					Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Part				ction		٠
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(b)	n sc Part	III-A.	line 3	3. i:
	answered "Yes."	- ()	-	,		-, -
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			
-	Carryover from last year					
b			2h			
	Total	,	2b			
С	Total		2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .					
С	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby	the ing	2c 3			
c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?	the /ing	2c 3			
c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)	the /ing	2c 3			
6 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)	the /ing	2c 3 4 5			
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  Supplemental Information  the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  Supplemental Information  the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  Supplemental Information  the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  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 gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  Supplemental Information  the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  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 gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  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 gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	11 ar
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)  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 gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	11 au
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions).  V 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 groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	1 aı
c 3 4 5 Part	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 lobby and political expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions).  V 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 groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	the /ing	2c 3 4 5	t II-A,	lines 1	1 ar

Chedule C (Form 990 or 990-EZ) 2020					
Part IV	Supplemental Information (continued)				
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·					
	***************************************				
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Minnesota Coalition on Government Information		Employer identification (idinibe)
Part I, line 16		
Trophy expenses (Finnegan award) - \$594.08		
IT Services (Zoom fee) - \$163.79		
Government fees - \$95.00		
Inusrance - \$862.00		
Fundraising fees (GIVE MN platform) - \$91.42		
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