Form 990EZ

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)

- 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 For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
GREAT AMERICA COALITION

Number and street (or P. O. box, if mail is not delivered to street address) 499 S CAPITOL STREET SW 405
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003

D Employer identification number
82-5099085

E Telephone number
(715) 338-8544

F Group Exemption Number

G Accounting Method: ☐ Cash  ☐ Accrual  Other (specify) ▶

H Check ▶  ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c)(4) ◐ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation  ☐ Trust  ☐ Association  ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ  ◐ $ 149,500

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ▶

| Revenue | | Expenses | | Net Assets |
|---------|------|----------|------|
| Contributions, gifts, grants, and similar amounts received | 1 | Grants and similar amounts paid (list in Schedule O) | 10 | 68,400 |
| Program service revenue including government fees and contracts | 2 | Benefits paid to or for members | 11 |
| Membership dues and assessments | 3 | Salaries, other compensation, and employee benefits | 12 |
| Investment income | 4 | Professional fees and other payments to independent contractors | 13 | 41,061 |
| 5a Gross amount from sale of assets other than inventory | 5a | Occupancy, rent, utilities, and maintenance | 14 |
| b Less: cost or other basis and sales expenses | 5b | Printing, publications, postage, and shipping | 15 |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | Other expenses (describe in Schedule O) | 16 | 20,072 |
| 6 Gaming and fundraising events | | | | |
| a Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | Total expenses. Add lines 10 through 16 ▶ | 17 | 129,533 |
| b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b |
| c Less: direct expenses from gaming and fundraising events | 6c |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d |
| 7a Gross sales of inventory, less returns and allowances | 7a |
| b Less: cost of goods sold | 7b |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| 8 Other revenue (describe in Schedule O) | 8 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 149,500 |

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2020)
Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II □

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total assets</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>10</td>
<td>27</td>
</tr>
</tbody>
</table>

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III □

What is the organization’s primary exempt purpose?
To Educate the Public on Policy Issues.

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table

(Grants $ ) If this amount includes foreign grants, check here □

28a

29

(Grants $ ) If this amount includes foreign grants, check here □

29a

30

(Grants $ ) If this amount includes foreign grants, check here □

30a

31 Other program services (describe in Schedule O) □

31a

(Grants $ ) If this amount includes foreign grants, check here □

31b

32 Total program service expenses (add lines 28a through 31a) □

32

120,472

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV □

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN E DAVIS</td>
<td>15.00</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>STEVEN GILL</td>
<td>15.00</td>
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<td>0</td>
<td></td>
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<tr>
<td>SECRETARY</td>
<td></td>
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<td>0</td>
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</tr>
<tr>
<td>THOMAS C DATWYLER</td>
<td>15.00</td>
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<td>0</td>
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<tr>
<td>TREASURER</td>
<td></td>
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</tbody>
</table>

Form 990-EZ (2020)
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  

   Yes  No
   33  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.  

   Yes  No
   34  No

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)?  

   Yes  No
   35a  No

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  

   Yes  No
   35b  No

35c 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  

   Yes  No
   35c  No

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  

   Yes  No
   36  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

   37a

b Did the organization file Form 1120-POL for this year?  

   Yes  No
   37b  No

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?  

   Yes  No
   38a  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved  

   38b

39 Section 501(c)(7) organizations. Enter:  

   a Initiation fees and capital contributions included on line 9  

   39a

   b Gross receipts, included on line 9, for public use of club facilities  

   39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

   section 4911  

   section 4912  

   section 4955  

   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  

   Yes  No
   40b  No

c 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  

   40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  

   40e

41 List the states with which a copy of this return is filed.  

The organization's books are in care of THOMAS C. DATWYLER  

Telephone no: (715) 338-8544  

Located at 499 S CAPITOL ST SW 405 WASHINGTON, DC  

ZIP + 4 20003  

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)?  

   Yes  No
   42b  No

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 U.S.?  

   Yes  No
   42c  No

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  

   Yes  No
   43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

   Yes  No
   44a  No

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  

   Yes  No
   44b  No

c Did the organization receive any payments for indoor tanning services during the year?  

   Yes  No
   44c  No

d If "Yes," to line 44c, did the organization file a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

   Yes  No
   44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

   Yes  No
   45a  No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  

   Yes  No
   45b
Part VI  Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>46</td>
<td></td>
<td>No</td>
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<tr>
<td>47</td>
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<td>No</td>
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<tr>
<td>48</td>
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<td>No</td>
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<tr>
<td>49a</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
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</table>

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
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<tbody>
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</tbody>
</table>

52 Did the organization complete Schedule A? **NOTE:** All section 501(c)(3) organizations must attach a completed Schedule A.

<table>
<thead>
<tr>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

Sign Here

Signature of officer

Date: 2021-05-06

THOMAS C DATWYLER, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer’s name

JESSICA KEOPPLE

Preparer’s signature

Date: 2021-05-06

Check ☑ if self-employed

PTIN: 01293418

Firm’s name: GUINN VINopal & ZAHRAKDA LLP

Firm’s address: 110 E 3RD ST

NEW RICHMOND, WI 540171808

Phone no. (715) 246-6976

May the IRS discuss this return with the preparer shown above? See instructions.

[☑] Yes

[ ] No
## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Service</th>
<th>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 EDUCATION OF THE PUBLIC.</td>
<td>28a 120,472</td>
</tr>
</tbody>
</table>

(Grants $ 68,400) If this amount includes foreign grants, check here . . . ▶ □
TY 2020 Compensation Explanation

Name: GREAT AMERICA COALITION
EIN: 82-5099085

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN E DAVIS</td>
<td></td>
</tr>
<tr>
<td>STEVEN GILL</td>
<td></td>
</tr>
<tr>
<td>THOMAS C DATWYLER</td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE O**
(2020 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.

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Department of the Treasury**

**GREAT AMERICA COALITION**

**Name of the organization**

**Employer identification number**

82-5099085

### 990 Schedule O, Supplemental Information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990-EZ, PART I, LINE 10</td>
<td>NAME: BLESS YOUR HEART COALITION ADDRESS: 499 SOUTH CAPITOL STREET SW 407 WASHINGTON, DC 20003 CASH CONTRIBUTION: 31,000 NAME: DOGWOOD COALITION ADDRESS: 1122 OBERLIN ROAD SUITE 21 RALEIGH, NC 27605 CASH CONTRIBUTION: 37,400</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990-EZ, PART I, LINE 16</td>
<td>EXPENSES BANK FEES 72 REFUND 20,000 TOTAL 20,072</td>
</tr>
</tbody>
</table>