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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
MINNESOTA CITIZENS CONCERNED FOR LIFE INC-EDUCATION FUND
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4249 NICOLLET AVE SOUTH
City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55409
F Name and address of principal officer:
LEO LALONDE
4249 NICOLLET AVE
MINNEAPOLIS, MN 55409

D Employer identification number
51-0164086
E Telephone number
(612) 825-6831
G Gross receipts \$ 435,996

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MCCL.ORG

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

L Year of formation: 1972 M State of legal domicile: MN

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF MINNESOTA CITIZENS CONCERNED FOR LIFE EDUCATION FUND IS TO SECURE PROTECTION FOR HUMAN LIFE FROM CONCEPTION UNTIL NATURAL DEATH THROUGH EFFECTIVE EDUCATION.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 27

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 13

6 Total number of volunteers (estimate if necessary) 6 2,400

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 408,978 401,482

9 Program service revenue (Part VIII, line 2g) 16,948 18,197

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -6,095 16,317

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 419,831 435,996

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,000 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 196,152 179,217

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶10,628

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 174,938 128,228

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 376,090 307,445

19 Revenue less expenses. Subtract line 18 from line 12 43,741 128,551

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 927,153 1,055,004

21 Total liabilities (Part X, line 26) 10,169 9,469

22 Net assets or fund balances. Subtract line 21 from line 20 916,984 1,045,535

Part II Signature Block

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

LEO LALONDE PRESIDENT

2020-12-19

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-12-20

Check ☐ if self-employed

PTIN P00549735

Firm's name ▶ JEFFREY D REIMER CPA PLLC

Firm's EIN ▶ 90-1075866

Firm's address ▶ 2025 17TH ST NE

Phone no. (507) 252-9222

ROCHESTER, MN 55906

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)