IRS e-file Signature Authorization 50 8879-FO for an Exempt Organization OMB No. 1545-1878 For calendar year 2017, or fiscal year beginning , 2017, and ending Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number OBESITY ACTION COALITION Name and title of officer 20-1953508 JOSEPH F. NADGLOWSKI, JR. PRESIDENT AND CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here A V b Tax based on investment income (Form 990-PF, Paft VI, line 5) 4b 5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) _____5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account to revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the Officer's PIN: check one box only X | authorize SKODA, MINOTTI __ to enter my PIN 53508 ∉RO firm name Enter five numbers, but as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return do not enter all zeros is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to As an officer of the organization, will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will anter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 34622945206 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I

confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

ERO's signature ► SKODA, MINOTTI & CO.

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instance.	ode (except private foundation	1S) 2017
	Figure 1 → Go to www.irs.gov/Form990 for instructions and the part of the par	it may be made public.	Open to Public
B object to the second	ir year, or tax year beginning and en	e latest information.	Inspection
B Check if C Name of	organization and en		
Address		D Employer identific	ation number
changeOBES_	TTY ACTION COALITION	1	
	siness as		
Initial Number a	and street (or P.O. box if mail is not delivered to street address) NORTH HIMMOR HIMMOR	20-19	<u>535</u> 08
Finel 4511	NORTH HIMES AVENUE Roce 25	om/suite E Telephone number	73300
termin- ated City or to	AND state or annual 25	0 (813)	070
Amended TAMPA	Will otate of Browness country, and June	(013)	
		G Gross receipts \$	1,650,944
	address of principal officer: JOSEPH NADGLOWSKI	H(a) Is this a group ret	urn
		for subordinates?	Yes X N
		33 H(b) Are all subordinates Incl	uded? Yes N
J Website: WWW.O	DESTINACTION ODG	1527 If "No," attach a lis	st. (see instructions)
N Purifici organization: X	Corporation Trust Approinting T	H(C) (aroup exemption	numbor 🛌
Part I Summary	Other	Lyear of formation. 2(1()4 Na (State of In-
1 Briefly describe	78 Organization's miles.	2004 Not VEL	
AFFECTED	BY OBESTUV MILEOLOGY TO ELEV	ARE AND EMPOWED	THOOF
E 2 Check this hox	BY OBESITY THROUGH EDUCATION, ADVOC	CACY AND SUPPORT	THUSE
3 Number of voting	if the organization discontinued its operations or disposed of members of the governing body (Part VI, line 1a)	more than 250/	<u>• </u>
4 Number of inden	members of the governing body (Part VI, line 1a)	Ya : Ya	s.
a indep	ZHUEHT VOTING moonshare - Cu	3	1
Total number of i	THE PROPERTY OF THE PROPERTY O	4	1
S lotal number of	olunteers (estimate if necessary)	5	1
7 a Total unrelated b	ISINESS revenue from Day VIII	6	60000
b Net unrelated but	iness taxable income from Form 990-T, line 34	7a	0.
	10 HOM 10 HI 990-1, line 34	7b	0.
8 Contributions and	grants (Part VIII, line 1h)	Prior Year	
9 Program service r	evenue (Part VIII, line 2g)	1,413,227.	Current Year
9 Program service r 10 Investment incom	e (Part VIII, och mar (A)	0.	1,650,944.
11 Other revenue (Po		0.	<u>0.</u>
12 Total revenue and	rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	A DOGA O INFOLION 11 (mount a 190) is the second of the se	1 412 207	0.
		1,413,227.	1,650,944.
adricits paid to br	TOP month are /Da. 1987 A. A. S.	0.	0.
		0.	0.
Professional fundra	rpensation, employee benefits (Part IX, column (A), lines 5-10) itsing fees (Part IX, column (A), line 11e) spenses (Part IX, column (D), line 25)	683,540.	677,612.
b Total fundraising e	(penses (Part IX, column (D), line 25) 46.552.	0.	0.
Uther expenses (P	art IX column (A) (40, 552.		
18 Total expenses. Ac	rdenses (Part IX, column (D), line 25) 46,552. art IX, column (A), lines 11a-11d, 11f-24e) d lines 13-17 (must equal Part IX, column (A), line 25)	738,685.	817 CE2
19 Revenue less exper	nses. Subtract line 18 from line 12	1,422,225.	817,653.
	18 from line 12	-8,998.	1,495,265.
20 Total assets (Part X 21 Total liabilities (Part 22 Net assets or fund	dine 1606	Beginning of Current Year	155,679.
21 Total liabilities (Part	V See on	1 Q G 710	End of Year
22 Net assets or fund i	A, Ime 26)	186,712.	327,680.
irt II Signature Blo	palances. Subtract line 21 from line 20	185,117.	170,406.
	01/	1 405	
		1,595.	<u> </u>
er penalties of periury I decla	a that I have a second and a second a second and a second a second and		<u> </u>
er penalties of periury I decla	a that I have a second and a second a second and a second a second and		edge and belief it is
er penalties of perjury, I decla correct, and complete. Decla	e that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer		edge and belief, it is
er penalties of perjury, I decla correct, and complete. Decla Signature of offi	e that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer		edge and belief, it is
er penalties of perjury, I decla correct, and complete. Decla Signature of offi	e that I have examined this return, including accompanying schedules and state ation of preparer (other than officer) is based on all information of which preparer		ledge and belief, it is
er penalties of perjury, I decla correct, and complete. Decla Signature of offi	e that I have examined this return, including accompanying schedules and state ation of preparer (other than officer) is based on all information of which preparer	ements, and to the best of my knowledge.	ledge and belief, it is
er penalties of perjury, I decla correct, and complete. Decla Signature of offi	e that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (o	ements, and to the best of my knowledge. Par has any knowledge. Date	ledge and belief, it is
er penalties of perjury, I decla correct, and complete. Declar Signature of off Type or print na Print/Type preparer's	to that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer NADGLOWSKI, JR., PRESIDENT AND CINE and title Preparer's signature	ements, and to the best of my knowledge. Date	ledge and belief, it is
Signature of offi JOSEPH Type or print na Print/Type preparer's TIMOTHY W	that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer F. NADGLOWSKI, JR., PRESIDENT AND CIONE and title Preparer's signature	ements, and to the best of my knowledge. Date Date Check	edge and belief, it is
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Signature or offi Signature or offi JOSEPH Type or print na Print/Type preparer's TIMOTHY W. Firm's name SI Signature or offi Firm's name SI	that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer. F. NADGLOWSKI, JR., PRESIDENT AND Clause and title DONOVAN, CPA CODA MINOTTI & CO. 1 E. KENNEDY BLVD. #1500	ements, and to the best of my knowledge. Pate Date Check Self-employed P (PTIN
Signature of officers, and complete. Declar Signature of officers of Time of the complete of officers of the complete of officers of the complete of officers of the complete	that I have examined this return, including accompanying schedules and state attended preparer (other than officer) is based on all information of which preparer. F. NADGLOWSKI, JR., PRESIDENT AND CIme and title Preparer's signature DONOVAN, CPA COAMINOTTI & CO. 1 E. KENNEDY BLVD. #1500	Pirm's EIN 2 And to the best of my knowledge. Date Check if self-employed Pt	PTIN 00043971 - 1945206
Print/Type preparer's TIMOTHY W. Firm's address 2 1 Time Firm's address 2 1 The IRS discuss this return	e that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer. F. NADGLOWSKI, JR., PRESIDENT AND CIP. The end of title DONOVAN, CPA CODA MINOTTI & CO. 1 E. KENNEDY BLVD. #1500 AMPA, FL 33602-5865 With the preparer shows above 66.	Pirm's EIN 2 And to the best of my knowledge. Date Check if self-employed Pt	PTIN 00043971 - 1945206
Print/Type preparer's TIMOTHY W. Firm's address 2 1 Time Firm's address 2 1 The IRS discuss this return	that I have examined this return, including accompanying schedules and state attention of preparer (other than officer) is based on all information of which preparer. F. NADGLOWSKI, JR., PRESIDENT AND Clause and title DONOVAN, CPA CODA MINOTTI & CO. 1 E. KENNEDY BLVD. #1500	Phone no. (813) 2	PTIN 00043971 - 1945206

Form 990 (2017)

Part IV Checklist of Required Schedules

OBESITY ACTION COALITION

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A		\ .	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_2_	X	<u> </u>
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in labely in a la	3	<u> </u>	X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "You " complete Schooling C. Burtille C. Burt			
5	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			-
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
•	any deficit of garrization maintain any denote advised runds or any similar funds or accounts for which depose have the sight to]		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		X
•	and the digarization receive of noice a conservation easement, including easements to preserve once space.			
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	The dispersion of works of art, historical treasures, or other similar assets? If Eves a complete			
_	Scriedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily continued and comments as a second organization.	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	40		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X	10	7.4.	<u>^</u>
	as applicable,			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI		3,5	
b	Did the organization report an amount for investments - other securities in Part & line 12 that is 5% or more of its total	11a	<u> </u>	
	assets reported in Part X. line 167 # "Ves " complete Sebadule 15 Devil #			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u>
	assets reported in Part X, line 162 ##Wes # assets reported in Part X, line 13 that is 5% or more of its total			
đ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	[]		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
f	will organized on report an athought for other hapilities in Partix aline 257 if "Vos." sometime 0-1, 1, 1, 5, 5, 1, 1, 1	11e	Х	
•	- The trib organization a apparate of Collsolidated Thancial Statements for the tay year include a feet - to the tay year			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	bit the diganization obtain separate independent audited financial statements for the tax year? If "Yes " complete	Ī		
	Scriedule D, Parts XI and XII	12a	х	
Ð	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No "to the completion Oct 100 the completion Oc	12b		Х
13	"To signification a seriod described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule E	13		X
14a	and the organization and an amounted, employees, or agents outside of the United States?	14a		X
b	Did the digardzation have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundacional business	7.15		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	of more rir "yes," complete Schedule F. Parts I and IV	14b	- 1	Х
15	- 1 and or garination report of that IA, Column (A), line 3, more than \$6 000 of grants or other assistance to or few and	140		
	Toreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
	The state of the s	15		<u>X</u>
	or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	_		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes." complete Schedule G. Part !!			
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		<u>x</u>
	complete Schedule G. Part III			
	complete Schedule G. Part III	19		<u>X</u>
		_ /	ww	

Part IV | Checklist of Required Schedules (continued)

b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operating conference of the complete Schedule Parts and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), the 22 II 'Yes, "complete Schedule Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 8 about compensation of the organization answer and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule Parts I and III 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Pecember 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "No." go to line 25a 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 901(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discoulide person during the year? If "Yes," complete Schedule L, Part II 28 Is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year. 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year. 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year. 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at year. 29 Did		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 (if Yes, *complete Schedule Parts and if X X 2 2 2 2 2 2 2 2		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, complete Schedule Part IX Section A, Inc 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, Inc 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, Inc 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, Inc 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, Inc 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, Inc 3, 4, or 5 about compensation of the organization answer as the execution of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and Complete Schedule IX II "No." of the organization in an any proceeds of tracewampt bonds of the exemption of the part IXI of the organization maintain an escrew account other than a refunding secrow at any time during the year to delease any tax-evempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease any tax-evempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease any tax-evempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease any tax-evempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease any tax-event behalf of the organization and the act is expected. Inc 1, Part IX that organization acts are the expected on any of the organization with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a contribution report any amount on Part X,	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
Part IX, column (A), line 27 (**Yes,** complete Schedule I, Parts I and III 20 Id the organization answer Yes* to Part IV, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes,** complete Schedule I, Part III 10 In the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes,** answer lines 24th through 24th and complete Schedule I, ** If Yes,** that was issued after December 31, 2002? If Yes,** answer lines 24th through 24th and complete Schedule I, ** If Yes,** that was issued after December 31, 2002? If Yes,** answer lines 24th through 24th and complete Schedule I, ** If Yes,** complete Schedule I, Part I I I I I I I I I I I I I I I I I I I	•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII. Section A, Ine 3, 4, or 5 shout compensation of the organization's current and former officers, directors, instees, key employees, and highest compensated employees? # "Yes," complete Schedule I, I' No"; or time 256 Schedule V, I' No"; or time 256 Did the organization maintain an escrow account other than a refunding secrow at any time during the year 10 defease any tax-evempt bonds? 24a 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year 10 defease any tax-evempt bonds? 25c Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? I' Yes, complete Schedule L, Part I. 25a Did the organization ever the year I' Yes, complete Schedule L, Part I. 25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, highest compansated orghopses, orgitisqualided persons? If Yes, complete Schedule L, Part II 27c Schedule L, Part II 28b Using the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, furstees, help were propertied organization prepared persons? If Yes, complete Schedule L, Part IV 27c Schedule L, Part II Yes, complete Schedule L, Part IV 28c Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, furstee, or key employees, organization persons? If Yes, complete Schedule L, Part IV 27c Did the organization payable to a business transaction with	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization neves that an encoreal account other than a returning ecrow at any time during the year? 25d Section \$01(x)(3), \$01(x)(4), and \$01(x)(20) organizations. Did the organization engage in a giveness plenet transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25d Is the organization aware that tengaged in an excess benefit transaction with a disqualified person are excess benefit transaction with a disqualified person are excess benefit transaction with a disqualified person are provided as the organization report any amount on Part X, line 5, 6, or 22 for receivability from or payables to any current or former officers, directors, trustees, key employees, highest companiated offipiolyses, organization person ? If "Yes," complete Schedule L, Part II 25d Did the organization provide a grant or other assistance to an officer, director, 'tustees, key employees, aubstantial contribution or employee themsol, a grant selection committee grapher, or to a Schedule L, Part IV 26a Y Was the organization expert of the part of the organization part of the part IV 27b Id the organization expert of the part of the part of the part IV is a complete Schedule L, Part IV is a complete Schedule I, Part IV is a complete Schedule I, Part IV is a complete Schedule I, Part IV	22	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', yo to line 25e of the Complete Schedule K. If 'No', yo to line 25e of the Complete Schedule K. If 'No', yo to line 25e of the Complete Schedule K. If 'No', yo to line 25e of the organization maintain an ascrow account other than a refunding secrow at any time during the year to disease any tax-exempt bonds? 24b Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year to disease any tax-exempt bonds? 25c Section 501(c(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess blenefit transaction with a discuplified person during the year? If 'Yes,' complete Schedule L. Part II. 25a Is the organization expert any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated of photopess, ordiscuplified personal? If 'Yes,' complete Schedule L. Part II. 25b Did the organization aport to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): 26c A nemtry of which a current or former officer, director, trustee, or key amployee? If yes,' complete Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): 27c A nemtry of which a current or former officer, director, trustee, or key amployee? If yes,' complete Schedule L. Part IV in the organization receive more than \$25,000 in non-dash contributions? If 'Yes,' complete Schedule L. Part IV in the organization receive more than \$25,000 in non-dash contributions? If 'Yes,' complete Schedule III is a part of the organization organization receive any example of the organization under Regulations se	23	and former officers, directors, twesters, twes			
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or director indirect owner? If "Yes," complete Schedule L, Part IV 28c		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	T	T	
		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) OBESITY ACTION COALITION Part V Statements Regarding Other IRS Filings and Tax Compliance

See instructions of fining requirements for Fining See instructions of the organization and system the number of Forms W26 included in line 1a, Enter 0- if not applicable 15		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number reported in Box 3 of Form 1006, Enter of In not applicable 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
b Enter the number of Forms W26 included in line 1s. Enter of India applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wimers? 2s. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 1s. India and the second of the seco	1a				
b lift the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining gambling) within set within 15 miles of the within 15 miles of the witness? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all nequired federal employment tax returns? 3b. If the sum of lines 1a and 2 is in greater than 250, you may be required to a-rise (see instructions) 3c. Did the organization have unraised business gross income of 15, 000 or more during the press. 3c. At any time during the calendary year, did the organization floor or explanation in Schedule O 3b. If "Yes," has it filed a Form 390-T for this year? # No. 1 to line 3b, provide an explanation in Schedule O 3b. If "Yes," and the file organization the year? # No. 1 to line 3b, provide an explanation in Schedule O 3c. At any time the name of the foreign; country. 4c. At any time the name of the foreign; country. 5c. Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year. 5c. Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year. 5c. If Yes, 1 to the 5 art 5 bit, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 to the 5 art 5 bit, did the organization the grown state that are normally greater than 3 100,000, and did the bygranization solicit any contributions that were not tax deductible as charitable contributions. 6c. If Yes, 1 to the 5 art 5 bit, did the organization the promises statement that such contributions or grits were not tax deductible? 6d. Promises that may receive deductible contributions under section fr0(c). 6d. If Yes, 1 indicate the number of Forms 2822 fled during the year. 6d. If Yes, 1 indicate the number of Forms 2822 fled during the year. 6d. If Yes, 1	þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	24		
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2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the scalendary year. did the organization have untrives to, 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 in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," in the same of the foreign country. 5c Was the organization aperty to a prohibited tax sheler transaction at any time during the tax year? 5c Was the organization have amount gross recopits that are normally greater than \$100,000; and did the organization before that It was or is a party to a prohibited such sheller financiation. 5c Was the organization have amount gross recopits that are normally greater than \$100,000; and did the organization solicit any contributions that were not tax deductible as charitatie contributions? 5c Was the organization have amount gross recopits that are normally greater than \$100,000; and did the organization include with every solicitation and explanation that such contributions or gifts were not tax deductible? 7c Organization shall navy receive deductible contributions under section f70c). 8d If "Yes," did the organization include with every solicitation and explanation property for which it was required to file form 8282? Ifed during the year 9d If the organization and explanation in section \$75 made party as a contribution and party to gloods and services provided to the payor? 7a If the organization areceive a payment in sexess of \$75 made party as a contribution property		(gambling) winnings to prize winners?	1c		
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	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		***	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer director trustee or less employees			v
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
•	of officers directors or tructors or key ampleyees to a manufacture of the control of the contro	_		~~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become gwere during the year of a similar at the west of a similar at the west of the prior to the prior form 990 was filed?	_4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5		X
7a		6		X
7 61	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		i	
L-	more members of the governing body?	7a		<u> </u>
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-
	organization's mailing address? If "Yes." provide the names and addresses in Schedule:0	9		X
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1,1,1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122		
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written degree testing and death attended.	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4.7
а	The organization's QEO, Executive Director, or top management official		v	
		15a	X	
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
			3.	77
	* *	16a		X
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sect	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CO, CT, FL, KS, MD,	MΙ,	MN .	NC_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) avided to the section of the	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f	inancia	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOSEPH F. NADGLOWSKI, JR (813) 872-7835			
	4511 NORTH HIMES AVENUE, #250, TAMPA, FL 33614-7085			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed, Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Check this box if neither the organization nor any related organization compensated any current officer, director

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c unle:	ss per	itior more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кву етріоуве	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAM DAVIS, RN DIRECTOR	5.00	x						0.	0	
(2) AMBER HUETT-GARCIA, MPA	5.00	Δ	-		-	1.8	A	/	0.	0.
CHAIRWOMAN	3.00	х	fi.	<i>*</i>		`		0.	0.	0.
(3) HOLLY F. LOFTON, MD	5.00				_		_	•	<u> </u>	<u></u>
DIRECTOR	6	X						0.	0.	0.
(4) JAIME FIVECOAT	5.00	4			ΥĘ.				<u> </u>	
DIRECTOR	€ Parketing	Х	- -		'			0.	0.	0.
(5) TED KYLE, RPH	∡5.00	1745	is et	13/2						
TREASURER		Х						0.	0.	0.
(6) TRACY MARTINEZ, RN	5.00	1							-"	
DIRECTOR	\$ 1	Х					L	0.	0.	0.
(7) TAMMY BEAUMONT, BSN RN	√5.∕00	l							_	
(8) MICHELLE VICARI	ija t	Х		_			ļ	0.	0.	0.
(8) MICHELLE VICARI SECRETARY	₹ 5.00	х								^
(9) WALTER MEDLIN, MD	5.00	Λ	_			ļ	⊢	0.	0.	0.
DIRECTOR	3.00	X		•				0.	0.	0.
(10) MELINDA J. WATMAN	5.00									
DIRECTOR		Х						0.	0.	0.
(11) SARAH BRAMBLETTE	5.00									
DIRECTOR		X					_	0.	0.	0.
(12) SCOTT KAHAN, MD	5.00							_		
DIRECTOR	F 00	Х			ļ	_	<u> </u>	0.	0.	0.
(13) NIKKI MASSIE, MA	5.00									_
DIRECTOR (14) PATTY NECE, JD	E 00	Х	ļ		_		_	0.	0.	0.
DIRECTOR	5.00	х						0.	ا ۾ ا	•
(15) ROB PORTINGA	5.00	Δ	_	_		\vdash		U •	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(16) JOSEPH F. NADGLOWSKI, JR.	40.00		_			 	_	0.	· ·	<u> </u>
PRESIDENT/CEO		1		х				180,227.	0.	18,000.
						L				

Section A. Officers, Directors, Trus		ploy	ees,	and	Hi	ghe	st C	ompensated Employee	s (continued)		
(A)	(B)	İ			C)			(D)	(E)		(F)
Name and title	Average hours per	(do	not e	Pos heck	more	than	one	Reportable	Reportable		Estimated
	week	box offi	, unle cer ar	sspe⊪ ≀dad	rson i Iirecto	is bot or/trus	han tee)	compensation	compensati		amount of
	(list any	tor	¨				Ė	from the	from relate organizatior		other
	hours for	direc				2		organization	(W-2/1099-MI		compensation from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 1/11	JU,	organization
	organizations	i trusi	nai tri		oyee	ed High		, ,			and related
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	•		ļ	organizations
	line)	_=_	_≌	Officer	<u>Æ</u>	星島	년				
		-									
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	L	_							(ar)		
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			_		_						
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						sć.	ŠŠ.	Karang Palangan			
						6					
	<u> </u>					Fig.		<u> </u>			
			nt's	<u> </u>		Ì	W.				
1b Sub-total		1		. 		l		180,227.		0.	18,000.
c Total from continuation sheets to Part VI	I, Section A			V				0.		0.	0.
d Total (add lines 1b and 1c)	*.		,,,,,,		4 10		•	180,227.	·····	0.	18,000.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable	<u> </u>	
compensation from the organization		*1125		<u>:</u> -							1
2 B 1111											Yes No
3 Did the organization list any former officer,	director, or tru										
line 1a? If "Yes," complete Schedule J for s	uch Individual										3 X
4 For any individual listed on line 1a, is the su	im of reportable	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization		
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	Collin compon	" COI	mple	te S	che	dule	J fo	or such individual			4 X
rendered to the organization? If "Yes." com	inlete Schodule	sauc Life	יון ווע	on s	any	unre	late	a organization or individ	ual for services	ı	5 X
Section B. Independent Contractors	DICKO CONSTINE		n.su	CITIO	/ <u>e),sc</u>	<i>70 -</i>			***************************************		5 X
1 Complete this table for your five highest co	mpensated ind	eper	nden	t co	ntra	ctor	s th	at received more than \$	100,000 of come	ensati	ion from
the organization. Report compensation for	the calendar ye	ar ei	ndin	g wi	th o	r wit	hin	the organization's tax ye	ar.		
(A) Name and business	addroan	3.7.0						(B)		_	(C)
radino and business	address	NO	NE				-	Description of s	ervices		ompensation
				_			_				
							\perp				
	· · · · · · · · · · · · · · · · · · ·				•••		+		<u> </u>		
2 Total number of independent contractors (in	ncluding but no	t lim	ited	to t	hose	e list	ed a	above) who received mo	re than	*	
\$100,000 of compensation from the organiz	ation >				0		_				
										Г	orm 990 (2017)

		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र दे	1 a	Federated campaigns	1a					85.47 FX 35.54
, Grants mounts	b	Membership dues	1b	302,003.				
٠ <u>,</u>	c							
Giffts, ilar A	d	Related organizations						
% E	е	Government grants (contribution						
ë is	f	All other contributions, gifts, grant						
out he		similar amounts not included abov		,348,941.				
<u> </u>	q	Noncash contributions included in lines 1						
Contributions, (and Other Simil	h	Total. Add lines 1a-1f			1,650,944.			
				Business Code	the state of the s			
ø	2 a					ar.	<i>V</i>	
, vic	b					A 10 10 10 10 10 10 10 10 10 10 10 10 10	A CONTRACTOR OF THE PARTY OF TH	
Program Service Revenue	c		•	-	-			
am eve	d							
ž	е					V. 6		
Pro	f	All other program service rever	nue		A			
	g							
	3	Investment income (including			V.			
		other similar amounts)				and the		
	4	Income from investment of tax			f. 4			
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents		1			Maria yan	
	b							10 10 10 10 10 10 10 10 10 10 10 10 10 1
	c	—		6				
	d	Net rental income or (loss)		<u>``</u>	W.			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	A					
	b	Less: cost or other basis						
		and sales expenses		100				
i	C	Gain or (loss)		J.				
		Net gain or (loss)						
Φ	8 a	Gross income from fundraising	events (not					
еленпе		including \$	oř					
ě		contributions reported on line:	1c). See					
e .		Part IV, line 18						
Other R		Less: direct expenses)				
		Net income or (loss) from fund		_				
	9 a	Gross income from gaming act						
		Part IV, line 19	a	1				
		Less: direct expenses)				
		Net income or (loss) from gami		. <u></u>				
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold				1 - 0 700		
- 1	C	Net income or (loss) from sales						
ļ		Miscellaneous Revenue)	Business Code				
ļ	11 a							
ŀ	b							
	C							
	d	***********						
		Total. Add lines 11a-11d			1 (50 044			
	12	Total revenue, See instructions.			1,650,944.	0.	0.	0.

| Part IX | Statement of Functional Expenses | COALITION |

_	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		UNDO/1000	general expenses	expenses
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors,				
Ų	trustees, and key employees	100 227	160 402	10000	
6	Compensation not included above, to disqualified	198,227.	168,493.	19,823.	9,911
u	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	436,743.	371,231	42 685	04 00
8	Pension plan accruals and contributions (include	420,742.	3/1,431	43,675.	21,837
•	section 401(k) and 403(b) employer contributions)		A Town Street		
9	Other employee benefits				
10	Payroll taxes	42,642.	36,246.	4,264.	2 120
11	Fees for services (non-employees);	<u> </u>	JU, Z40.	# 4,204.	2,132.
а	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	13,273.	11,946.	1,327.	
d		A	A: TAN 240.	1,341.	
e	Professional fundraising services, See Part IV, line 17	AQ			
f	Investment management fees				
g					
	1 (4)	Activities No.			
12	Advertising and promotion				
13	Office expenses	27,272.	13,636.	12,272.	1,364.
14	Information tooksology				<u> </u>
15	Royalties 6 1	A.			
16	Occupancy	63,167.	44,217.	12,633.	6,317.
17	Travel	(Control of the Control of the Contr			0,517
18	Payments of travel or entertainment expenses				
	for any federal, state, of local public officials				
19	Conferences, conventions, and meetings	212,612.	206,312.	6,300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,412.	1,270.	71.	71.
23	Insurance	5,998.	2,999.	2,999.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	PUBLISHING	356,882.	356,882.		
b	ADVOCACY EXPENSE	94,500.	75,600.	14,175.	4,725.
C	POSTAGE	20,917.	20,917.		
d	TELEPHONE	7,804.	5,853.	1,951.	
	All other expenses	13,816.	13,575.	46.	195.
25	Total functional expenses. Add lines 1 through 24e	1,495,265.	1,329,177.	119,536.	46,552.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u>,</u>		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 156,448. 303,442. 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 19.374. 16.801. 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 5,264. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 31.434. 10a b Less: accumulated depreciation 10b 27,760. 1.863. 3,674. 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 3,763. 3,763. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 186,712.327.680. 16 Accounts payable and accrued expenses 17 52,536. 17 60,695. 18 Grants payable 18 Deferred revenue 19 126,953. 105,775. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 5,628. 3,936. 26 Total liabilities. Add lines 17 through 25 185,117. 170,406. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 1,595. 157,274. 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 1,595. 157,274. 33

186,712.

Total liabilities and net assets/fund balances

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

QUIOpen to Public
Inspection

Name of the organization Employer identification number OBESITY ACTION COALITION 20-1953508 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to egularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, of Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) above (see Instructions))

Schedule A (Form 990 or 990-EZ) 2017 OBESITY ACTION COALITION 20-1953508 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						1.7 . 2
	membership fees received, (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·
	ization'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					É	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			[콜라마리 송 #]			
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			years the second		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	/ (c) 2015 👍	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4						
8	Gross income from interest,		£.				
	dividends, payments received on		L.				
	securities loans, rents, royalties,						
	and income from similar sources			<u></u>			
9	Net income from unrelated business						
	activities, whether or not the	\$ 79	A Stranger				
	business is regularly carried on		And the second s				
10	Other income. Do not include gain	A p					
	or loss from the sale of capital		Æ.				
	assets (Explain in Part VI.)		<i>\$</i>				
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,			***************************************		12	
13	First five years, If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. 🗖
Sec	organization, check this box and storection C. Computation of Publi	c Support Per	centage				<u></u>
	Public support percentage for 2017 (Nate /		olumn (fl)		44	
15	Public support percentage from 2016	Schodulo A. Dart I	vided by line 11, co II lino 14	olumn (1))		14	
16a	33 1/3% support test - 2017. If the c	ochedule A, Fait) rasnization did no	t check the hov or	line 13 and line 1		15	<u>%</u>
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ine 13 or 16a and	line 15 is 33 1/3%	or more chack this	hov
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition		or more, effect the	▶ □
17a	10% -facts-and-circumstances test	~ 2017. If the org	anization did not o	heck a box on line	13 16a or 16b a	nd line 14 is 10% o	
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a r	publicly supported	organization	on ale organiz	
b	10% -facts-and-circumstances test	- 2016. If the ora	anization did not c	heck a box on line	13, 16a, 16b. or 1	7a. and line 15 is 10	
	more, and if the organization meets the						- -
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						.
						dule A (Form 990 c	or 990-FZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 OBESITY ACTION COALITION 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

Sei	tion A. Public Support	otow, piodoc comp		* ·	•		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1297183.	1311127.	1283614.	1413227.	1650944.	6956095.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the					•	
	organization's tax-exempt purpose	329.	0.	0.	0.	0.	329.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					é.	
	iness under section 513					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4	Tax revenues levied for the organ-				de e	1	
	ization's benefit and either paid to		•		King and		
	or expended on its behalf				E Common of the	A. Carrier	
5	The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge			19.			
_		1297512.	1311127.	1283614.	1413227.	1650944.	6956424.
	Total. Add lines 1 through 5	149/314.	131112/	T702014.	T##29791.	1030944.	0930424.
/ 2	Amounts included on lines 1, 2, and 3 received from disqualified persons	722,000.	673,000.	E 4 6 000	684,965.	955,000.	2501055
ı	Amounts included on lines 2 and 3 received	722,000.	073,000.	7407990%	004,303.	933,000.	3581955.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	700 000	CT2 000	F46 000	COA 0CE	055 000	0.
	Add lines 7a and 7b	722,000.	673/000.	546,990.	684,965.	955,000.	3581955.
	Public support. (Subtract line 7c from line 6.)				Hetalia in the Carlo	and the second s	3374469.
5e	ction B. Total Support						
			Villa I I I Villa				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Cale 9	Amounts from line 6	(a) 2013 1297512.	(b) 2014 1311127.	(c) 2015 1283614.	(d) 2016 1413227.	(e) 2017 1650944.	(f) Total 6956424.
Cale 9	Amounts from line 6 Gross income from interest,						(f) Total 6956424.
Cale 9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties.						(f) Total 6956424.
Cale 9	Amounts from line 6 Gross income from interest, dividends, payments received on						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties.						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						(f) Total 6956424.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						(f) Total 6956424.
0 10 a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						(f) Total 6956424.
0 10 a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						(f) Total 6956424.
Cale 9 10a k	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						(f) Total 6956424.
Cale 9 10a k 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12.)	1297512.	1311127.	1283614.	1413227.	1650944.	6956424.
Cale 9 10a k 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	1297512. 1297512. r the organization's	1311127. 1311127. first, second, third	1283614. 1283614. 1, fourth, or fifth ta	1413227. 1413227. x year as a section	1650944. 1650944. 1650944.	6956424.
Cale 9 10a k 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	1297512. 1297512. r the organization's	1311127. 1311127. a first, second, third	1283614. 1283614. 1, fourth, or fifth ta	1413227. 1413227. x year as a section	1650944. 1650944. 1650944.	6956424.
11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, end 12.) First five years. If the Form 990 is fo check this box and stop here	1297512. 1297512. r the organization's	1311127. 1311127. first, second, third	1283614. 1283614. d, fourth, or fifth ta	1413227. 1413227. x year as a section	1650944. 1650944. 1650944.	6956424. tion,
Cale 9 10a k 11 12 13 14 5ec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	1297512. 1297512. r the organization's ic Support Per line 8, column (f) directions of the support of the support Per line 8, column (f) directions of the support Per line 8, column	1311127. s first, second, third centage vided by line 13, co	1283614. 1283614. d, fourth, or fifth ta	1413227. 1413227. x year as a section	1650944.	6956424. tion, 48.51 %
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11 12 13 14 Sec 15 16 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here extion C. Computation of Public support percentage for 2017 (Public support percentage from 2016 extion D. Computation of Investment income percentage from	1297512. 1297512. r the organization's ic Support Per line 8, column (f) di Schedule A, Part strment Income 17 (line 10c, colur 2016 Schedule A,	1311127. 1311127. a first, second, third centage vided by line 13, co lill, line 15 Percentage nn (f) divided by lin Part III, line 17	1283614. 1.283614. d, fourth, or fifth ta	1413227. 1413227. x year as a section	1650944. 1650944. 2501(c)(3) organization of the control of the	6956424. 6956424. ation, 48.51 % 48.40 % .00 % %
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(6)(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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 (b) and (c) below (if applicable). Also, provide detail in Part VI; including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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.)

	Yes	No
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		* * *
2		
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9a 9b 9c		

C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
	Activities Test. Answer (a) and (b) below.			No
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			ja 1770 Santa a
	those supported organizations and explain how these activities directly furthered their exempt purposes,		9,431	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
c	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			٠
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1. 11

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Sche	edule A (Form 990 or 990-EZ) 2017 OBESITY ACTION COALITION		2	0-1953508 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	0 1303300 rage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com			
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		
7	Other expenses (see instructions)	7	£.	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1.7 (2)		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	V	
b	Average monthly cash balances	1b	25. 10 A. F.	
c	Fair market value of other non-exempt-use assets	10	1	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1.1.4		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	6 1 1 1 1 1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year from Scotics B. line 9. Column A)	7		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4

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Schedule A (Form 990 or 990-EZ) 2017

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

B Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

OBESITY ACTION COALITION

Employer identification number 20-1953508

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			_
3	Aggregate value of grants from (during year)			_
4	Aggregate value at end of year			_
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
•	are the organization's property, subject to the organization's	-		No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?		***************************************	No
Par				
1	Purpose(s) of conservation easements held by the organization	A STATE OF THE STA	- <u> </u>	
•	Preservation of land for public use (e.g., recreation or e		storically important land area	
	Protection of natural habitat		rtified historic structure	
	Preservation of open space		Solit.	
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last	
-	day of the tax year.		Held at the End of the Tax Y	ear
а	· ·			
b		()		_
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred rel			
	year▶			
4	Number of states where property subject to conservation ear	sement is located >		
5	Does the organization have a written policy regarding the per	(1) (2) p. (4)	- -	
	violations, and enforcement of the conservation easements i			No
6	Staff and volunteer hours devoted to monitoring inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation easements during the year	
	▶\$		- ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(li)?		Yes	No
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for	
	conservation easements.			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XII	П,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historic	al
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amour	nts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		*	
			. .	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	ial gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
ها	Assets included in Form 900. Bort V		¢	

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	asures, or	Othe	Similar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accession							,		
	(check all that apply):			•	~	·	:			
а	Public exhibition	d	L	oan or exc	hange progra	ms				
b	Scholarly research	e								
c.	Preservation for future generations	Ü	· `							
4	Provide a description of the organization's co	llections and explain	how the	ev further th	ne organizatio	n's exer	not purpose in Pa	ırt XIII		
5	During the year, did the organization solicit or	· · ·		•	-			/ \		
Ÿ	to be sold to raise funds rather than to be ma						-	Yes] No
Par	t IV Escrow and Custodial Arrang									1.110
	reported an amount on Form 990, Par	t X, line 21.	ste ii nie	organizacio	ii alisweleu	ies on	Tomi 550, rarei	v, III 10 3, OI		
1a	Is the organization an agent, trustee, custodia		iarv for c	ontribution	s or other ass	ets not	ncluded			
	on Form 990, Part X?						_	Yes		No
b	If "Yes," explain the arrangement in Part XIII a				***************************************		ć:			
-							V	Amoun	t	
С	Beginning balance					A.,	10			
	Additions during the year						18			
							1e			
f	e Distributions during the year f Ending balance									
) 2a	Did the organization include an amount on Fo					intdiahil		Yes		No
	If "Yes," explain the arrangement in Part XIII.				200	12.25	L		-	= 140
	t V Endowment Funds. Complete if						10	*************		
7		(a) Current year		rior year	(c) Two year	ter:	(d) Three years bac	ck (e) Fou	r voore	hank
4	Beginning of year balance	(a) Current year	(D) F	nor year	TWO year	/o Dack	(C) Till be years bay	/ (e) 10u	yours	DAUK
1a				1	NECOMA N					
	Contributions			6						
_	Net investment earnings, gains, and losses			A.						
d	Grants or scholarships			Marie Com						
е	Other expenditures for facilities	Á								
_	and programs		Vå: VG⊝					-		
f	Administrative expenses	4	Ye.		<u> </u>					
g	End of year balance			/	<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi endowment		<u>~</u> %							
b	Permanent endowment	% `_								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administer	ed for th	ne organization			
	by:	. Ye							Yes	No
	(i) unrelated organizations	·····					• • • • • • • • • • • • • • • • • • • •	3a(i)		
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii) are the related organiza	tions listed as requir	red on So	chédule R?				3b		<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI 📗 Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulated	(d) Boo	k valu	ie
	, , , ,	basis (investr	ment)	basis	(other)	de	preciation			
1a	Land					71				
b	Buildings				••					
c	Leasehold improvements									
ď	Equipment			,	31,434.		27,760.		3,6	74.
e	Other	1								
	Add lines 1a through 1e. (Column (d) must o		V oolun	(D) II = 0	(On)				3.6	74.

Schedule D (Form 990) 2017

Schedule D	(Forr	ກ 990	2017 (
Part VII	lnv	estr	nent
	_		

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	ıd-of-vear market value
	(w) wook value	(a) manda of faladion, cool of the	jour marrier value
· · ·		<u> </u>	
(2) Closely-held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		**************************************	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		The state of the s	
(7)	f.	4	
(8)			
(9)	Å's		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Descri pt ion		(b) Book value
(1)	Tale and the Control of the Control		
(2)			
	Yer		
(3)	A. C.		
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990, Part X, col. (B) line	215.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990, Part X, col. (B) line Part X Other Liabilities.		atta or 116 See Form 900 Part V line 2	>
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		o 11e or 11f. See Form 990, Part X, line 2	> 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		(b) Book value	> 2.5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE			25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3)		(b) Book value	25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4)		(b) Book value	> 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3)		(b) Book value	25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4)		(b) Book value	25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4) (5)		(b) Book value	> 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4) (5) (6)		(b) Book value	55.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must edual Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4) (5) (6) (7)		(b) Book value 3,936.	55.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Pair X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT EXPENSE (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value	55.

Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue pei	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,183,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	6,532,81	<u>.5.</u>	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d				6,532,815.
3	Subtract line 2e from line 1			3	1,650,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			^
C	Add lines 4a and 4b				1 650 044
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statemer	3+c 38/	th Evnances r	. 5	1,650,944.
Га		IF2 AA	ıtıı Exhelises t	ei veram	1.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		A W	1	8,028,080.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		····2(******)		0,020,000.
2 a	Donated services and use of facilities	2a	6,532,83	5	
a b	Prior year adjustments	2b	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Other losses	2c	7 7		
d	Other (Describe in Part XIII.)	2d)		
e	Add lines 2a through 2d		and the	2e	6,532,815.
3	Subtract line 2e from line 1		APP - Se		1,495,265.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	····			
a		4a		W. 14.	
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Viline 18.)			5	1,495,265.
	rt XIII Supplemental Information.				
				-0-	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			line 4; Part >	K, line 2; Part XI,
Prov				line 4; Part >	(, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			line 4; Part >	(, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			line 4; Part X	√, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	(, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	(, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			line 4; Part >	K, line 2; Part XI,

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

OBESITY ACTION COALITION

Questions Regarding Compensation

Employer identification number 20-1953508

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			West.
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			s e ^{le} ti
	First-class or charter travel Housing allowance or residence for personal use			ja -
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeuf, chef)	1.3	y"te":	
			\$-74.	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1) j	1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	11	3.4	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	100		34
	X Compensation committee		1	
	Independent compensation consultant Compensation survey or study	2		
	X Form 990 of other organizations X Approval by the board or compensation committee			
				. 7
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	15.13		
	organization or a related organization:		1.	
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1.14	
			14/3/	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	15		
	contingent on the revenues of:	1. 1.4.		
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b	200	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VIII Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			l
а	The organization?	<u>6a</u>		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	20.00	1 2 2 1	**
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	400		1
	Regulations section 53.4958-6(c)?	9	I	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

20-1953508

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

A) Name and Title (i) Basso (ii) Bonus & (iii) Compensation compensation compensation compensation (iii) (A) Name and Title (i) Base (ii) Bonus & (iii) Other Compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation (ii) 168,842, 11,385, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,			(B) Breakdown of W	W-2 and/or 1099	-MISC co	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)
1	Made de la constant, Jr. 19. 11,385. 00. 18,7000. 00. 198, 20. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 10. 198, 20. 198	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation		compensation			reported as deferred on prior Form 990
			9	168,	l ~	0	18,000	.0	, 227	0.
		to	: E	0		0	.0	.0	0	0.
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	Schedule J (Form 990) 2017		(jį	3						

Schedule J (Form 990) 2017 OE
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

						:	i

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

▶ Attach to Form 990 or 990-EZ.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 20-1953508

OBESITY ACTION COALITION	20-1953508
FORM 990, PART VI, SECTION B, LINE 11B:	
PRESIDENT/CEO REVIEWS FORM 990. THE GOVERNING BODY WAS PR	OVIDED A FINAL
COPY OF THE RETURN VIA ELECTRONIC MAIL, PRIOR TO FILING.	_
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, ALL BOARD OF DIRECTORS ACKNOWLEDGE THE RECEIPT C	FTHE CONFLICT OF
INTEREST POLICY, AND THEIR RESPONSIBILITY TO DISCLOSE ANY	ITEMS WHICH MAY
BE A POTENTIAL CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY, THE BOARD OF DIRECTORS APPROVE THE AMOUNT OF COM	PENSATION FOR THE
PRESIDENT/CEO, AND REVIEW DURING EXECUTIVE SESSION OF THE	BOARD MEETING,
HIS PERFORMANCE. OUTSIDE COMPENSATION COMPARISONS ARE CONS	SIDERED AND
PERFORMANCE IS DOCUMENTED.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, AZ, CO, CT, FL, KS, MD, MI, MN, NC, NH, OH, OK, OR, PA, RI, SC, T	CN, VA, WA, WV, MA
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND AI	L FINANCIAL
STATEMENTS, ARE AVAILABLE AT NO CHARGE TO THE PUBLIC, UPON	N REQUEST.

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number

OBE	SITY ACTION COALITI	ON		FORM 9	90 PA	AGE 10		20-1953508
Par	t I Election To Expense Certain Propert	y Under Section 179	Note: If you ha	ve any listed pr	operty, c	omplete Part '	V before	
1 M	laximum amount (see instructions)		***************************************			4	. 1	510,000.
2 To	otal cost of section 179 property place							
	nreshold cost of section 179 property i							2,030,000.
	eduction in limitation. Subtract line 3 f						4	
5 Do	ollar limitation for tax year, Subtract line 4 from line	i. If zero or less, enter -0	If married filing sepa	rately, see instructio	ns		5	
6	(a) Description of pro	perty	(b)	Cost (business use	only)	(c) Elected c	ost	
							É	
						And a second		
							- Vij.	
7 Li	sted property, Enter the amount from	line 29		*****************	7	1	1	
8 T	otal elected cost of section 179 proper	ty. Add amounts in	column (c), line	s 6 and 7 ,	Q		8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8			t was geschieblika yw i		9	
10 C	arryover of disallowed deduction from	line 13 of your 201	6 Form 4562		A S		10	
11 B	usiness income limitation. Enter the sr	naller of business in	ncome (not less	than zero) or∭	ne 5	£ 1	11	
12 S	ection 179 expense deduction. Add lin	ies 9 and 10, but d	on't enter more			<u>. "</u> [12	
	arryover of disallowed deduction to 20				13	<u> </u>		
	Don't use Part II or Part III below for I	isted property. Inst	ead, use Part V.		6			
Par	Operation websers and the state of the state			- William	/			
14 S	pecial depreciation allowance for quali	fied property (other	r than listed pro	perty) placed if	service o	during		
th	ne tax year		<i>L</i>	~4.5ge/			. 14	
15 P	roperty subject to section 168(f)(1) elec	ction					15	
					, ,		16	1,412.
Par	t III MACRS Depreciation (Don't	include listed prop	erty.) (See instri	(ctions.)				
		€ Para	∛ Section	n A				
17 N	IACRS deductions for assets placed in	ı service in tax year	s beginning bef	ore 2017	,.,		17	<u> </u>
<u>18 lf</u>	you are electing to group any assets placed in servi	se during the tax year into	one or more general	asset accounts, che	ck here .	>		
	Section B - Assets	· · · · · · · · · · · · · · · · · · ·	,		the Gene	ral Deprecia	tion Sys	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only - see instru-	entuse (^(u)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				·			
b	5-year property							
С	7-year property							
<u>d</u>	10-year property							
e	15-year property							
f	20-year property							
g	25-year property			- 2	5 yrs.		S/L	
L	Residential rental property	/		2	7.5 yrs.	MM	S/L	
_ h	nesidential rental property	/		2	7.5 yrs.	MM	S/L	
	Nanyanidantial roal property	/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service D	uring 2017 Tax	Year Using th	e Alterna	ative Depreci	iation Sy	stem
<u>20a</u>	Class life						S/L	
b	12-year				l2 yrs.		S/L	
С	40-year	1			10 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	28		*****************		***********	21	
22 T	otal. Add amounts from line 12, lines	14 through 17, line	s 19 and 20 in c	olumn (g), and	line 21.			
E	nter here and on the appropriate lines	of your return. Par	tnerships and S	corporations -	s <u>ee instr.</u>		22	1,412.
23 F	or assets shown above and placed in	service during the	current year, ent	ter the				
p	ortion of the basis attributable to secti	ion 263A costs			23			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns Part V

	(a) through (c)										-,		.,, _	, 50101		
	Section A -	Depreciatio	n and Other I	nformat	ion (Ca	ution: S	See the in	nstruc	tions for lir	nits for p	asseng	er auton	nobiles.)			
24a	Do you have evidence to s	support the bus	siness/investmer	nt use clai	imed?	Υ	es	No	24b lf "Y	es," is th	e evider	nce writt	en?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	1 0+4	(d) Cost or er basis	/bu	(e) als for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elec section co	n 179	
25	Special depreciation alle	owance for q			placed	in servic	e during	the ta	x year and							
	used more than 50% in	a qualified bu	ısiness use								25					
26	Property used more tha	n 50% in a qu	ualified busine:	ss use:												
		; ;	9⁄	á												
			9	ó												
		1 1	9	á							6					
27	Property used 50% or le	ess in a qualif	ied business u	se:												
		; ;	9	ó						S/L - 🔏						
		: :			S/L	30,700										
		: :	% \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\													
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 21,	page 1		(F	28			45.54		
	Add amounts in column							.,,,,,,,,		v.Z			29			
							on Use	of Vel	icles 💎	· Villa						
Cor	nplete this section for ve	ehicles used b						P.	· ***	related	person.	If you bi	rovided v	ehicles		
	our employees, first ans							10.00		Feet.				01110,00		
,	our omproyees, mor une	aro quo		., 0 .0 0.	00 11 900		onoop.	्र	Vompiou.	, in 30	onon io		, oi 1, oi o o ,			
		· · · · · · · · · · · · · · · · · · ·			a)	(b)			(c)		(d)		(a)		(f)	
30	Total business/investment	miles driven di	uring the	(a) Vehicle			(b) (Vehicle		/ehicle	Vehicle		(e) Vehicle		Vehicle		
	year (don't include commu		-	VCITICIC			Vernoie		/S	Verille		VOIIIOIO		VOIII	1010	
	Total commuting miles						7 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Total other personal (no							ļ								
	driven	-	•		€ 7	1										
	Total miles driven durin				W.	149	Šav								····	
	Add lines 30 through 32	- •		e ∳alik a	1		``									
	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
٠.	during off-duty hours?	•	A		110	1.03	110	1	, 140	103	.,,,	103		103	140	
35	Was the vehicle used p		20	AÎ.	V	1				——			 			
	than 5% owner or relate			A		ļ				ļ						
36	Is another vehicle availa		nal					<u> </u>								
30	use?	able for perso	in of a			1										
	4361	Santian	- Questions f	or Empl	overe M	the Dre	uido Vak	iolog :	for Uso by	. Thair E	malava					
Ans	swer these questions to												uamit ma	va than E	:0/	
	ners or related persons	6.55	Ou meet an ex	Сериоп	to com	pieting	JOCHOIT L	J IOI VE	ancies use	d by en	hickees	wrio a	iezi (iiio	ne man c	70	
_	Do you maintain a writt		ement that no	shibite al	li porcor	al uso c	of vobicle	s incl	kudina con	mutina	by your			Yes	No	
Ο,	employees?	Cir policy stat							_	_				162	140	
35	Do you maintain a writt	an naliny etai	ament that no													
-	employees? See the ins										, ui					
30	Do you treat all use of \				_						••••••					
	Do you provide more th	-														
	the use of the vehicles,															
	Do you meet the require														 	
4 1															<u> </u>	
D:	Note: If your answer to art VI Amortization	37, 30, 38, 4	0,014118 10	s, don t	Comple	ete Sect	וטוו ם ווטו	the co	overeu ver	iicies.					<u></u>	
	(a)			(b)	···	(c)		т-	(4)		(0)	Т		<i>(f</i>)		
Description of costs Date:			amertization Amortizable					(d) Code		Amortiza			(f) mortization			
40	Amortization of costs #	not booling di	ring vous 2017	begins 'tax voc	<u>.</u>	amoun			section	I.	period or pe	centage	to	or this year		
42	Amortization of costs th	iai pegins du	ang your 2017	ках уеа	r. 					1		1				
				<u>: :</u>	ļ											
	Amortization of costs the			<u>ii.</u>								1				
		OUT DAGGE DA	こっての いつしい クロコーノ	TOV VAGI	r							43				

Form **8868**

(Rev. January 2017)

Department of the Treasury

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying num

Type or print OBESITY ACTION COALITION OBESITY ACTION COALITION Number, street, and room or suite no. If a P.O. box, see instructions. Employer identification number (Ell 20 - 1953508) Social security number (SSN)	IN) or
File by the	
data data for indings, salest, and restrict sales not that 15. 500, see institutions. 4511 NORTH HIMES AVENUE, NO. 250	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33614-7085	
Enter the Return Code for the return that this application is for (file a separate application for each return)	1
Application Return Application Ret	turn
Is For Code Is For Co	ode
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 0	07
Form 990-BL 02 Form 1041-A 0	38
Form 4720 (individual) 03 Form 4720 (other than individual) 0) 9
	10
Form 990-T (sec. 401(a) or 408(a) trust)	11
Form 990-T (trust other than above) 06 Form 8870 1	12
JOSEPH F. NADGLOWSKT, JR. • The books are in the care of ▶ 4511 NORTH HIMES AVENUE, #250 - TAMPA, FL 33614-7085	
Telephone No. ► (813) 872-7835 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box]
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.	this

1	request an automatic 6-month extension of time untile 100 PERDER 13, 2010, to file to	тө ехөп	ıpt organizatior	ı return				
	for the organization named above. The extension is for the organization's return for:							
	X calendar year 2017 or							
	tax year beginning , and ending		<u> </u>					
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period							
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions,	3a	\$	0.				
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.				
C	Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,							
	by using EFTPS (Electronic Federal Tax Payment System). See instructions,	Зс	\$	0.				
Cau	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 845	3-EO an	d Form 8879-E	O for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)