Err. 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

 •		

UIVID	NO.	1040-	18/8

Department of the Treasury

For calendar year 2019, or fiscal year beginning , 2019, and ending

Internal Revenue Service

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization

Employer identification number

OBESITY ACTION COALITION

20-1953508

Name and title of officer

JOSEPH F. NADGLOWSKI, JR.

PRESIDENT AND CEO

Type of Return and Return Information (Whole Dollars Only)

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 than one line in Part I.

а	Form	990	check	k here	X

2a Form 990-EZ check here

3a Form 1120-POL check here

4a Form 990-PF check here 5a Form 8868 check here

b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,463,428
	b Total revenue, if any (Form 990-EZ, line 9)	2b	
	b Total tax (Form 1120-POL, line 22)	3b	

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 2019 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 organization's consent to electronic funds withdrawal.

ERO firm name

Officer's	PIN:	check	one	hox	only
OHICCI 3	L 11.4"	CHECK	OHE	NOV	Ottily

X lauthorize MARCUM LLP

to enter my PIN

53508

Enter five numbers, but

as my signature on the organization's tax year 2019 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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 enter 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.

61293145206

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

11/3/2020

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

923051 10-03-19

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

(Rev. January 2020)

Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending For the 2019 calendar year, or tax year beginning Check If applicable: D Employer identification number C Name of organization Address change OBESITY ACTION COALITION Name change 20-1953508 Doing business as Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) (813) 872 4511 NORTH HIMES AVENUE 250 termi 1,463 428. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TAMPA, FL 33614-7085 H(a) Is this a group return Applica-F Name and address of principal officer: JOSEPH NADGLOWSKI Yes X No for subordinates? 4511 NORTH HIMES AVENUE, #250, 33 H(b) Are all subordinates included? Nο I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.OBESITYACTION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation; 2004 M State of legal domicile: FL Association Part I Summary Briefly describe the organization's mission or most significant activities: TO ELEVATE AND EMPOWER THOSE Activities & Governance AFFECTED BY OBESITY THROUGH EDUCATION, ADVOCACY AND SUPPORT. if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 75000 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **Current Year Prior Year** 1,639,119. 1,463,428. Contributions and grants (Part VIII, line 1h) Revenue 0._ O. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 463,428. 1,639,119. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column A), lines 1-3) Ο. 0. Benefits paid to or for members (Part 1x column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 841,644. 883,066. 0. 16a Professional fundralsing fees (Part IX, column A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 913,532 780,765. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,755,176. 663,831. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -116,057. -200,403. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year ö $103,5\overline{48}$. 245,036. 20 Total assets (Part X, line 16) 203,819. 262,734. Total liabilities (Part X, line 26) -159,186.Net assets or fund balances. Subtract line 21 from line 20 41,217. Part II | Signature Block Under penalties of pefjury, I declare that L have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (wher tran officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOSEPH F. NADGLOWSKI, JR., PRESIDENT AND CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature TiW. Dow ₽00043971 11/3/2020 TIMOTHY W. DONOVAN, Paid Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 201 E. KENNEDY BLVD. Use Only Phone no. (813) 397-4800 TAMPA, FL 33602-5865

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019) OBESITY ACTI
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A		<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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 "Yes," complete Schedule C, Part II	4	:	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule 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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٦,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	47.7		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,		7.7	
	Part VI	<u>11a</u>	<u>X</u>	
b	Did the organization report an amount for investments · other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	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	44.8		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	Λ	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	4.45		x
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
128		12a	х	
1.	Schedule D, Parts XI and XII Was the organization included in consolidated independent audited financial statements for the tax year?	120		
D		12b		×
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	176		 -
ņ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F. Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		Г.,	ΔΩΩ	/0010\

932003 01-20-20

Did the organization report more "Tan \$5,000 of grants or other essistance to or for domestic individuals on Part X, column (V.), line 2? // "va_", "complete Schedule (Part I and ii) 22	Form	990 (2019) OBESTY ACTION COALITION TIV Checklist of Required Schedules (continued)	3300	Ρ;	age 🕶
22 X 25 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (V), line 2? // "Yes," complete Schedule I, Parts I and III 26 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and farmer officers, disectors, frustees, key employees, and highest compensation of the organization have a tax-excempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued dater Docomber 31, 2002? If "Yes," answer lines 24 the rough 24 and complete Schedule K. If No. 19 to Jane 256 25 Did the organization have a tax-excempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued dater Docomber 31, 2002? If "Yes," answer lines 24 through 24 and complete Schedule K. If No. 19 to Jane 256 26 Did the organization analyses are proceeds of tax-excempt bonds? 27 Did the organization analyses are proceeds of tax-excempt bonds? 28 Sections 01(34), 801(54), 400 50(52)0 organization and a nature of bonds outstanding at any time during the year? 28 Sections 01(34), 801(54), 400 50(52)0 organization and a nature of bonds outstanding at any time during the year? 28 Sections 01(34), 801(54), 400 50(52)0 organizations. Did the organization analyses the standard of the organization analyses that the transaction has not been reported on any of the organization process benefit transaction with a discussified person during the year? If Yes, complete Schedule L. Part II 29 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payange to 40 organization for the payange of an across benefit transaction with a discussified person during the year? If Yes, complete Schedule L. Part III 29 Did the organization and the payange of an excess benefit transaction with a ord the payange of any ordanization for the payange of any ordanization for the payange of any	Fai	Tiv Officerist of Required Scheddles (continued)		Ves	No.
Per LK, column (A), line 2? (**I*ves*, *completes* Schedule*) **I praise land in a Did the organization answer* **Ver* of Part VI). Science A, or a should companisation of the organization sourcest and former officers, directors, flustees, key employees, and highest compensated employees? **If **Yes*, complete Schedule* J.** 24a Did the organization have a tax-excempt bond issue with an outstanding principal amount of more than \$10,000 as of the last city or the year, that was issued after Docomber 31, 2002? **If **Yes*, **convert lines 24b through 24d and completes Schedule* J.** **If **Ne*, **or line** 24d through 24d and completes Schedule* J.** **If **Ne*, **Organization invast any proceeds of tax-excempt bonds a sumporary period exception?** 24d Did the organization may no accept a sociount that the than a refunding socrow at any time during the year to defease any tax-exempt bonds?** 24d Did the organization or any and Soffol(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction has not been reported on any of the organization with a discussified person in a groot year, and that the transaction with a discussified person in a groot year, and that the transaction with a discussified person in a groot year, and the organization organization provides a grant or other assistance to any organization organization and that the complete s	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
22 Did the organization arewer "Yes" to Part VII Section A, lies 3, 4, or 5 about componented moleculary in the organization is complete. Schoolub / 24 Did the organization have a tax-except 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? # "Yes," answer lines 24b through 24d and complete Schoolub / "Yes" to line 25a. Did the organization marks at the except 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? # "Yes," answer lines 24b through 24d and complete Schoolub ("Yes," to line 25a. Did the organization marks an an escribe account other from a refunding escribe at any time during the year to diffesse any tex-eventy bonds? Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year to diffesse any tex-eventy bonds? Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16), 501(16)4, and 501(16)20 generalizations. Did the regnization angle in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schoolub ("Part") 25b Is the organization on avera that it engaged in an excess bonding transaction with a disqualified person during the year? # "Yes," complete Schoolub ("Part") 25b Is the organization on protein an except on the second on which a disqualified person in a fire year, and that the transaction has not been reported on any of the organization protein protein and the text reported on the protein and the text reported on the protein and the text reported of the organization provide a gard or other essabliance to any current or former of protein provide a gard or other essabliance to any current or former of protein provide and provide any current or former of protein provide any current or former of protein provide any current or former of protein provide any current or	ZZ		22		Х
and former officers, directors, functions, key employees, and highest compensated employees? If Yes, 'complete Schedule L. Schedule L. Part IV 24 and 24 the organization have a tax-escent bond issue with an outstanding principal amount of more than \$100,000 as of the last cay of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24 through 24d and complete Schedule K. If No." go to line 25e. 25 b Did the organization invest any proceeds of tax-except bonds beyond a temporary period exception? 26 b Did the organization invest any association of the than a refunding secrow at any time during the year to defease any tax-except bonds? 26 b Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-except bonds? 26 b Is the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 26 b Is the organization avaire that it engaged in an excess benefit transaction with a disqualified person in a grory var, and that the transaction with a disqualified person in a grory var, and that the transaction has not been reported on any of the organization prior Forme 900 or 900-227 (if yes, complete Schedule L, Part I) 27 b Did the organization apport any amount on Part X. line 5 or 22, for receivables from or payars 81 to agy curren? 28 or former officer, director, trustes, key employee, creator or former officer, director, relation, land the payars are stated to any current or former officer, director, relation, key employee, creator or former officer, director, relation, and work payars created on a complete Schedule L, Part IV 28 b A Emily momber of any individual described in line 2887 / "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000, non-call pontitibutions? If "Yes, tomplet	23				
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," careve lines 24b Drough 24d and complete Schedule K, "No." you fine be 25e. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization makes that an accrow account other than a refunding accrows at my time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization regage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part 1 25b Is the organization aware that ineggode in an excess bonefit transaction with a disqualified person of uning the year? "Yes," complete Schedule L, Part 1 25b Did the organization aware that ineggode in an excess bonefit transaction with a disqualified person in a finer year, and that the transaction has not been reported on any of the organization's plot Forms 990 or 990-E77, year," complete Schedule L, Part 1 25b Did the organization proof any amount on Part X, Ire 5 or 22, for receivables from or payaller to any current or forms officer, circustry, structus, key employee, creator or formed from; circustry current with a contribution or any current or forms officer, discount, provide a grant or other assistance to any current or forms officer, discount, provide a grant or other assistance to any current or forms officer, discount, provide a grant or other assistance to any current or forms officer, discount, or applicable fling thresholds, conditions, and exceptions; 27c Vide the organization provide a grant or other assistance to any current or forms officer, discount, or applicable fling thresholds, provide Schedule I, Part IV is 10 A current or forms officer, discount, provide Schedule II					
size tay of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b brough 24d and complete Schedule K. If 'No.' go to line 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization marrian an escrow account other than a refunding servor at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25d 25d Section 50(16), 501(16), 401(16), 401 b Is the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Section 50(16), 501(16), 401(16), 401 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25d Section 50(16), 501(16), 401 to Issuer a service of the year. If 'Yes,' complete Schedule L, Part I 25d Is the organization aware that is ongaged in an excess benefit transaction with a disqualified person in a given at that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27, If 'Yes,' complete Schedule L, Part I 25d Is the organization seport any amount on Part X, line 5 or 22, for receivables from or pegalise to any current' or former officer, director, trustee, key employee, creator of the separation and the organization and the part of the solicity pages of any of these persons? If 'Yes,' complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creatory of her for solicity and trus		Schedule J	23	X	
Schedule K, If 'No' go to line 25a	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
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25a Section 501(b)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 25a					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a thror year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? #************************************			24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27. Y Y Complete Schedule Part 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable to ally oursel's or former officer, director, trustee, key employee, creator or founder, substantial contributor, at 35% controlled entity or family member of any of these persons? Y Yes, "complete Schedule I. Part IV 27 Did the organization provide a grant or other assistance to any current or former officer, director, for under, substantial contributor, or employee thereof, a grant selection odmittee reprehen, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? Y Yes, "complete Schedule I., Part IV 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV 29 Instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, frustee, key employee, creat or founder, or substantial contributor? 28	25 a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27, If Yes, * complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor is 35' controlled entity or family member of any of these persons? If Yes, * complete Schedule* L, Part R II 27 Z X 28 Was the organization provide a grant or other assistance to any current or former officer, director, tristee, key employee, creator or founder, substantial contributor or employes thereof, a grant selection och mittee niember, or to a 35% controlled entity (including an employee thereof) or farrily member of any of these persons? If Yes, * complete Schedule* L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the foliaving parties (see Schedule* L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator for founder, or substantial contributor? If Yes,* complete Schedule* L, Part IV 28a X 27 A 35% controlled ontity of one or more individuals and/or organization rescribed in lines 28a or 28b? If Yes,* complete Schedule* L, Part IV 28b L X 29 Did the organization resolve ontributions of all, histofical treasures, or other similar assets, or qualified conservation contributions? If Yes,* complete Schedule* M 29 L X 20 Did the organization includate, terminate, or dissolve agal cease operations? If Yes,* complete Schedule* N, Part I 20 Did the organization includate, terminate, or dissolve agal cease operations? If Yes,* complete Schedule* N, Part II 21 Did the organization on any expense of the decay as a separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If Yes,* complete Schedule* R, Part V, line 2 21 Did the organization organization proceive any persona			25a		
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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator of founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 5 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 is non-cash, contributions? If "Yes," complete Schedule M, Part IV. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I Sid the organization individual, terminate, or displie and cease operations? If "Yes," complete Schedule N, Part I Sid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Sid the organization own 101% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I Sid the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, Iline 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 36 Section 501(c)(3) organizations. Did the organization neake any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iline 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iline 11b and 19? Note: All Form 990 fil			27		Х
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Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization of tax A X X X X X X X X X X X X X X X X X X	33		1 20		X.
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If "Yes," complete Schedule R, Part V, line 2 36	36				
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 17 18 19 19 10 10 10 10 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	•		36		X
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Note: All Form 990 filers are required to complete Schedule O	38_	X	
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1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Check if Schedule O contains a response or note to any line in this Part V		1 T.	\perp
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			A [5.135]	Yes	No
b Effet the humber of Points w-2d included in time 1a. Enter-of track approvable			취		
		Effet the number of Forms W-2d included in time 1a. Effet -o- it not applicable	-		, , ,

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(gambling) winnings to prize winners?

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Part V

No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 13 filed for the calendar year ending with or within the year covered by this return Х 2b b If at 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 e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b if "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5а b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year -⁄____ [7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did adonor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter:
Initiation fees and capital contributions included on Part VIII, line 12 10 10<u>a</u> Gross receipts, included on Form 990, Part VIII, Ing 12, for public use of club facilities 10b b Section 501(c)(12) organizations Enter 11 a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them. 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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20-1953508 OBESITY ACTION COALITION Form 990 (2019) Part VIT 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent ______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? ĥ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a d8 b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 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? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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 exempt status with respect to such arrangements? Section C. Disclosure 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, MI, MN, NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2019)

JOSEPH F. NADGLOWSKI, JR. - (813) 872-7835 4511 NORTH HIMES AVENUE, #250, TAMPA, FL

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33614-7085

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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."
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related (วเนิส	ı IIZƏl	(C		ibeij	ડતાઉ	(D)	(E)	(F)
(A) Name and title	1 .			Posi	ition			Reportable	Reportable	Estimated
name and the	Average hours per		not ci unles					compensation	compensation	amount of
	week	offic	ceran	d a d	recto	r/trusi	66)	from	from related	other
	(list any	99						the	organizations	compensation
	hours for	or director	_			pat		organization	(W-2/1099-MISC)	from the
	related	\$2	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	omait		ploye	comi				and related
	below line)	Individual t	institutional trustee	Officer	Key employee	Highest compensated employee	Ъппе			organizations
(1) PAM DAVIS, RN	5.00	<u>=</u>	.55	.0	32	E &	<u> </u>			
DIRECTOR		X						0.	0.	0.
(2) AMBER HUETT-GARCIA, MPA	5.00	 	····			1		2		
DIRECTOR		Х	4			100	Description of the second	0.	0.	0.
(3) SUNIL DANIEL, MD	5.00			A.						
DIRECTOR		X		1		<u> </u>		0.	0.	0.
(4) TED KYLE, RPH	5.00	· ·			40					
TREASURER		20		>		ļ		0.	0.	0.
(5) MICHELLE VICARI	5.00									0
CHAIRWOMAN		X	<u> </u>	ļ	L	ļ		0.	0.	0.
(6) MELINDA J. WATMAN	5,00			ļ					0	0
DIRECTOR	- 40	X	ļ	<u> </u>		ļ		0.	0.	0.
(7) SARAH BRAMBLETTE	5.00	٠,						_	0.	0.
DIRECTOR	1 P - 00	X	ļ	ļ	ļ	├		0.	0.	0.
(8) NIKKI MASSIE, MA	5.00	x						0.	0.	0.
DIRECTOR TO	5.00	1				 		U .	0.	
(9) PATTY NECE, JD VICE-CHAIRWOMAN	3.00	x						0.	0.	0.
(10) ROB PORTINGA	5.00		 	 		 -		<u> </u>		
DIRECTOR	3.00	x						0.	0.	0.
(11) NINA CROWLEY	5.00	 				 		-4n-2n-2++++++++++++++++++++++++++++++++		
DIRECTOR		\mathbf{x}						0.	0.	0.
(12) DEBE GAU	5.00					1				
DIRECTOR	107-11-11	X						0.	0.	0.
(13) KRISTAL HARTMAN	5.00									
SECRETARY		X						0.	0.	0.
(14) SCOTT KAHAN	5.00				ļ					
DIRECTOR		X		<u> </u>				0.	0.	0 ,
(15) LLOYD STEGEMANN	5.00	1						_		
DIRECTOR		X	1	<u> </u>	ļ	_		0.	0.	0.
(16) JOSEPH F. NADGLOWSKI, JR.	40.00	4						005 505		0.760
PRESIDENT/CEO	1000		_	X	\vdash	_		225,507.	0.	8,768.
(17) JAMES T. ZERVIOS	40.00	-				3,7		101 500		4 150
HIGHLY COMPENSATED EMPLOYEE					<u> </u>	X	<u></u>	101,582.	0.	4,150.

932007 01-20-20

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	2)			(D)	(E)		(F))
Name and title	Average	(do		Posi teck r		ì than d	ne	Reportable	Reportable		Estima	
	hours per	box	, unles	s per	rson i	is both or/trust	an	compensation	compensation	1	amour	
	week (list any	-					,	from the	from related organizations		othe compen	
	hours for	direct				p		organization	(W-2/1099-MIS		from	
	related	iee or	stee			ansate		(W-2/1099-MISC)	,	<i>.</i>	organiz	ation
	organizations	I trust	nal tru		oyee	in in it					and rel	
	below	ndividual trustee or director	nstitutional trustee	Officer	Gy employee	Highest compensated employee	Former				organiza	ations
	line)	틸	Ins	JJO	Şē	≝ 5	윤					
(18) KRISTEN K. KUNA	40.00	1				١,,		104 005		١	1	200
HIGHLY COMPENSATED EMPLOYEE		 - -				X		104,885.		0.	<u>4,</u>	<u> 280.</u>
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		-				1						
1b Subtotal		·······			J		>	431,974.		0.	17,	198.
c Total from continuation sheets to Part V							•	0.		0.		0.
d Total (add lines 1b and 1c)			L.		-		>	431,974.		0.	17,	198.
2 Total number of individuals (including but r	ot limited to the	iose	liste	d at	pove	e) wh	o re	aceived more than \$100	,000 of reportable			
compensation from the organization		%									,	<u> 3</u>
		. 1	þ								Ye	s No
3 Did the organization list any former officer	director, trust	ee, I	key e	emp	loye	e, o	r hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual							***************************************			3	X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ense	ation	n and	oth	ner compensation from t	the organization			
and related organizations greater than \$15											4 X	
5 Did any person listed on line a receive or	-											4.7
rendered to the organization of "Yes," cor	nplete Schedu	le J i	for s	ıcn.	pers	son					5	X
Section B. Independent Contractors			a		 	.,						
1 Complete this table for your five highest or										ensat	ion from	
the organization. Report compensation for	the calendar y	ear i	endi	ng w	vith	or w	ithir	l .	/ear.		(0)	•
(A) Name and busines:	addrees	NT.	ON					(B) Description of	services	С	(C) ompensa	tion
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- Annie - Anni												
400							•					
- Address - Addr	····											
2 Total number of independent contractors	including but r	not li	mite	d to	tho	se li	stec	above) who received m	ore than			
\$100,000 of compensation from the organ						0				法基础		
											Form 99	O rontal

Total revenue Total revenue Federated compatigns 1 a Federated compatigns 1 b 322,089 .	Га	3	•		e in this Part VIII		,	
b Mombership dues c Fundrating events d Polation organizations d Polation organizations f All other coembuloses, place interest to a fund in the due of the second of the						Related or exempt	Unrelated	Revenue excluded from tax under
Securities Sec	र र	1	а					
Securities Sec	듄		b	Membership dues 1b 322,089.				
Business Code Part	Z, J		С	Fundraising events 1c				
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Form 990 (2019) OBESITY ACTION COALITION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	225,507.	191,681.	22,551.	11,275.
6	Compensation not included above to disqualified	2237307.	232,002.	22,331.	11,210.
Ü	persons (as defined under section 4958(f)(1)) and			á	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	563,757.	479,194.	56,375.	28,188.
8	Pension plan accruals and contributions (include	303,131.	413,134.	70,373.	ZU, 100.
0	section 401(k) and 403(b) employer contributions)	25,337.	21,536.	2,534.	1 267
9	Other employee benefits	13,598.	11,558.	1,360.	1,267. 680.
10		54,867.	46,637.		2,743.
	Payroll taxes	J4,007.	#0,03%.	₩ 5,407.	4,/43.
11 a	Fees for services (nonemployees): Management				
b	Legal				
c		14,636.	13,172.	1,464.	
d			30,11,00	2,2020	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		<u>``</u>			
Ð	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				***************************************
13		23,702.	11,851.	10,666.	1,185.
14	Office expenses Information technology Royalties	7 2	······································	7//	
15	Royalties				
16	Occupancy	72,054.	50,438.	14,411.	7,205.
17	Occupancy		***************************************		, , , , , , , , , , , , , , , , , , , ,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	220,557.	212,998.	7,559.	<u> </u>
20	Interest		-		
21	Payments to affiliates				7/ 2/2
22	Depreciation, depletion, and amortization	4,477.	4,029.	224.	224.
23	Insurance	5,277.	2,638.	2,639.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) ` ` [
а		370,590.	370,590.		
b	ADVOCACY EXPENSE	30,000.	24,000.	4,500.	1,500.
С	POSTAGE	23,287.	23,287.		·
d	TELEPHONE	7,763.	5,822.	1,941.	
е	All other expenses	8,422.	8,188.		234.
25	Total functional expenses. Add lines 1 through 24e	1,663,831.	1,477,619.	131,711.	54,501.
2 6	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)				

932010 01-20-20

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	95,021.	1	78,972.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	139,922.	3	10,569.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		. :	
ļ		controlled entity or family member of any of these persons		5	
1	6	Loans and other receivables from other disqualified persons (as defined		1	
1		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 44,494.			
	b	Less: accumulated depreciation 10b 34,250.	6,330.	10c	10,244.
	11	Investments - publicly traded securities		11	
ļ	12	investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	3,763.	15	3,763.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	245,036.	16	103,548.
T	17	Accounts payable and accrued expenses	87,575.	17	76,943.
	18	Grants payable		18	
	19	Deferred revenue	115,929.	19	169,858.
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,	Albert Albert	7 %	
ן צַּי		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIGDINGS		controlled entity or family member of any of these persons		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	315 <u>.</u>	25	15,933.
	26	Total liabilities. Add lines 17 through 25	203,819.	26	262,734.
		Organizations that follow FASE ASC 958, check here			
3		and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	41,217.	27	-159,186.
g	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ן מ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ž	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	41,217.	32	
-	33	Total liabilities and net assets/fund balances	245,036.	33	103,548.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

OBESITY ACTION COALITION

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

		A alasmela a si di di			. (. 5	anough iz,	CHECK ON	iy one box.	-)					
1	=	A church, convention of c	churches, or as	socia	tion of church	nes describ	ed in sec	tion 170(b))(1)(A)(i).					
2	\vdash	A school described in sec	ction 170(b)(1)(A)(ii)	. (Attach Sch	edule E (Fo	rm 990 or	990-EZ).)						
3		A hospital or a cooperative	e hospitai serv	ice oi	ganization de	scribed in	section 1	70(b)(1)(A)	(iii).					
4		A medical research organ	ization operate	ed in d	conjunction w	ith a hospit	al describ	ed in sect	ion 170(h)/1)(Δ)(iii). Enta	er the hospital's name				
		city, and state:				•			on molest strating con	or the nospital's name,				
5		An organization operated	for the benefit	ofac	college or univ	/ereity own	od or oner	otod by a	variance and the second					
		section 170(b)(1)(A)(iv).	(Complete Par	+ II \	onogo or arm	Coloity Own	ed of ober	ateu by a g	jovernmentar unit descri	ped in				
6						1								
7	Ħ	A federal, state, or local g	ovensmett of i	Joveu	imental unit d	lescribed in	section	170(b)(1)(A	۸)(v).					
'		An organization that norm	ially receives a	subs	tantial part of	its support	from a go	vemmenta	l unit or from the genera	public described in				
_		section 170(b)(1)(A)(vi). (Complete Part	11.)										
8		A community trust describ	ped in section	170(1	o)(1)(A)(vi). (C	omplete Pa	art (I.)							
9		An agricultural research of	rganization de	scribe	d in section	170(b)(1)(A)(ix) opera	ated in con	iunotion with a land-gran	t college				
		or university or a non-land	grant college	of agr	iculture (see i	nstructions). Enter the	e name cit	v and state of the collec	10 Or				
		university:			,		,		Signal or order of the conference	JG 01				
10	X	An organization that norm	ally receives: (1) ma	re than 33 1/3	% of ite ou	nnort fran	opptylled:						
		activities related to its exe	mot functions	. euhi	act to cortain	oveceties.	phorr itom	COMITION	ons, membership tees, a	nd gross receipts from				
		activities related to its exe	inace tavabla i	- autij	ect to certain	exceptions	, and (2) n	o more ma	in 33 1/3% of its support	from gross investment				
		income and unrelated bus See section 509(a)(2), (Co	omplete Dest II	HCOIII	e (lass section	1511 tax) t	om busin	esses acqu	ired by the organization	after June 30, 1975.				
11														
	=	An organization organized	and operated	exclu	sively to test t	for public s	afety, See	section 5	i09(a)(4).					
12	LJ	An organization organized	and operated	exclu	sively for the	benefit of, t	o perform	the function	ons of, or to carry out the	purposes of one or				
		more publicly supported o	rganizations d	escrib	ed in section	1 609(a)(1)	or section	509(a)(2)	See section 509(a)(3).	Check the box in				
		iiiles iza iiilougii izu that	describes the	type	ot supporting	organizatio	on and cor	nplete lines	\$ 12e, 12f, and 12g					
а		Type I. A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving												
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting												
		organization. You must complete Part IV Sections A and B.												
b		Type II. A supporting org					tion with	its sunnort	ad organization(a) by ba	uim m				
		control or management of	of the supporti	na or	anization ves	ted in the s	ama nare	one that ac	out organization(s), by ha	virig				
		organization(s). You mus	st complete P	art IV	Sactions A	and A	aina para	ons mai ci	introl of manage the sup	portea				
С		Type III functionally into	anratad A cur	an Arti	o organizatio	aliu v.	l lm							
		Type III functionally inte	uple) (ean inctu	Apolitica Apolitica	ng Organizatio	on operated	in connec	ction with,	and functionally integrate	ed with,				
d		its supported organization	Mila (Scenial)	A HOUSE	s). You must	complete	Part IV, S	ections A,	D, and E.					
ď		Type III non-functionally	y integrated.	A SUP	porting organ	zation ope	rated in co	onnection v	vith its supported organi	zation(s)				
		that is not functionally in	tegrated The	organi	zation genera	illy must sa	tisfy a dist	ribution red	quirement and an attenti	veness				
_		requirement (see instruct	(ODS) You mu	st co	mplete Part I	V, Section	s A and D	, and Part	V.					
е		Check this box if the arga	anization recei	ved a	written deterr	mination fro	om the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-f	unctio	mally integrat	ed supporti	ing organi:	zation.						
		the number of supported o							***************************************					
g	Provid	de the following information	n about the su	pport	ed organizatio	n(s).			***************************************					
	(1)	Name of supported	(ii) EIN		(iii) Type of o	rganization	(iv) is the or	janization listed 1lng document?	(v) Amount of monetary	(vi) Amount of other				
		organization			(described or above (see in		Yes	No	support (see instructions)	support (see instructions)				
		· · · · · · · · · · · · · · · · · · ·			1,500 (1)	STIGOTION .								
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otal				also V										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 OBESITY ACTION COALITION 20-1953 | 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				(4)		(1)
	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
v	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				450		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	** ************************************						
	Public support. Subtract line 5 from line 4.					the second state of the second second	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	∕ (c) 2017	(d) 2018	(a) 2010	(f) Total
	Amounts from line 4	(8) 2015	(0) 2010	(6) 2017	(a) 2016	(e) 2019	(f) Total
8	Gross income from interest,			3-			
0	•						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	*************************************			······································	***************************************	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			······································	***************************************		· ·
10	Other income. Do not include gain		*				
	or loss from the sale of capital						
	assets (Explain in Part VI.)		*				
	Total support. Add lines 7 through 10 4	4000					
	Gross receipts from related activities,	**************************************				_12	
13	First five years. If the Form 990 is for						, _
Sec	organization, check this box and storection C. Computation of Publi		centane		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······
		×			···········		
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	%
าธล	33 1/3% support test - 2019. If the c	_					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	-		-		•	
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						% or
	more, and if the organization meets the				•		<u> </u>
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			.
					Sche	dule A (Form 990 o	r 990-F71 2019

Schedule A (Form 990 or 990-EZ) 2019 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1283614.	1413227.	1650944.	1639119.	1463428.	7450332.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to or expended on its behalf						
E	The value of services or facilities		''-''-''-''-''-''-''-''-''-''-''-''-''-				
J	furnished by a governmental unit to the organization without charge			4			
6	Total. Add lines 1 through 5	1283614.	1413227.	1650944	1639119.	1463428.	7450332.
	Amounts included on lines 1, 2, and			<i></i>			
	3 received from disqualified persons	546,990.	684,965.	<u>955,000.</u>	968,157.	1109381.	4264493.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	546,990.	684,965.	955,000.	968,157.	1109381.	4264493.
	Public support. (Subtract line 7c from line 6.)	3 2 3 7 3 3 3	001,000	233,000.	500,107.	<u> </u>	3185839.
Sec	etion B. Total Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3103037:
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1283614		1650944.	1639119.	1463428.	7450332.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1203017.		10303 44.	1937117.	14034201	7430332.
b	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						
12	Other income. Do not include gain or loss from the sale of capital		**************************************				
13	assets (Explain in Part VI.)	1283614.	1413227.	1650944.	1639119.	1463428.	7450332.
	First five years. If the Form 990 is for	·					
1-1	and the second second				•		LIOH,
Sec	ction C. Computation of Publi	c Support Per	centage		***************************************		
	Public support percentage for 2019 (I			olumn (fl)		15	42.76 %
	Public support percentage from 2018		-			16	47.55 %
Sec	ction D. Computation of Inves	tment Income	Percentage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10	±7.53 70
	Investment income percentage for 20			ne 13 column (fl)		17	.00 %
	Investment income percentage from :					18	
	33 1/3% support tests - 2019. If the			on line 14, and line			/ is not
196							
J	more than 33 1/3%, check this box ar	=	=		· · ·		
IC.	33 1/3% support tests - 2018. If the						iu 🛌
20	line 18 is not more than 33 1/3%, che		-	-		•	-
	Private foundation. If the organizatio	n did not check a t	00A 011 BHO 14, 198	i, or Tab, Check th		dula A /Form 990	or 000 E7) 0040

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(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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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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

Parl	I Organizations Maintaining Donor Advised	I Funds or Other S	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
	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 w	vriting that the assets he	d in donor advised fur	nds
	are the organization's property, subject to the organization's ϵ	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose confe	
	impermissible private benefit?			Yes No
Par			" on Form 990, Park IV	/, line /
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)		torically important land area
	Protection of natural habitat	<u> </u>	Preservation of a cer	tifled historic structure
	Preservation of open space			the assemble on the last
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form of a c	Held at the End of the Tax Year
	day of the tax year.			2a
	Total number of conservation easements			2b
		satura inaludadin (a)	*	
C	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a	Cture included in (a)	a historic etructura	
				2d
_	listed in the National Register Number of conservation easements modified, transferred, releasements	eased extinguished or t	erminated by the orgal	nization during the tax
3		eased, extiligation out of	Office and Dy and Drigon	
	year ▶ Number of states where property subject to conservation eas	iement is located		
	Does the organization have a written policy regarding the per	iodic monitoring, inspec	lon, handling of	
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conservat	ion easements during the year
Ü	>	,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requiremen	s of section 170(h)(4)(l	B)(I)
	and section 170(h)(4)(B)(ii)?	*****************************		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			Cimilar Assets
Pai	t III Organizations Maintaining Collections of		asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul			ance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	an alamah wasulan af
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, c	r research in turtneran	ce or public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X	an man ar albar almiler	peede for financial cair	
2	If the organization received or held works of art, historical tre	sabules, of other similar is	itome: 130619 IOI IIIIAIIOIAI YAII	i, provido
	the following amounts required to be reported under FASB A	AOU 900 TEIRITY TO THESE	, 110(113.	\$
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	***************************************		> \$
<u>b</u>				Schedule D (Form 990) 2019
LHA	For Paperwork Reduction Act Notice, see the Instruction	יס יטו בטווון ממטי		

932025 09-25-19

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | Schedule A (Form 990 or 990-EZ) 2019

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? Provide details in Part VI.

Sched Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations	U IJJJJJUU TageU
	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on	Nov. 20, 1970 (explain in P	art Vi). See instructions. Al
1	other Type III non-functionally integrated supporting organizations must comp	lete S	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2	<u> </u>	
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		
-	on B - Minimum Asset Amount	··•	(A) Prion Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	Jo#		
	Total (add lines 1a, 1b, and 1c)	/1d		
	Discount claimed for blockage or other			
•	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3 3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
4	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
U	emergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally		ated Type III supporting orga	anization (see
7	instructions)	٠ ي	0 0	·

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

	ON COALITION		20-1953508 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	The state of the s		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered "Yes" o	n Form 900 Part IV line :	11c See Form 900 Part & line	. 12
(a) Description of investment	(b) Book value		Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·	(4) - 2011 1413	(d) ((d)	oot of one of your market value
(1)	······		\$
(2)			
(3)			
(4)			
(5)			
(6)			
(8)		%	
<u>(9)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line	
	escription 🔻	······································	(b) Book value
<u>(1)</u>			
(2)		***************************************	
(4)			Comment of the Commen
(5)	<u> </u>		
(6)			
(7)	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X. col. (B) line	15.)	************************************	
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	1e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT EXPENSE			15,933.
(3)			
(4)	,		
(5)			
(6)			

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

15,933.

(8) (9)

SCHEDULE J (Form 990)

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.

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury

OBESITY ACTION COALITION

Employer identification number 20-1953508

Pa	rt I Questions Regarding Compensation		,	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	31.5	3.1	Argent
	Travel for companions Payments for business use of personal residence	7	4.55	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1.77	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		41 4	
				- 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1.
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.5		
_	trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?	2		
	tractions, and onlosing modelling are all and an arrangements and arrangements are all arrangements and arrangements are all arrangements and arrangements are all arrangements a			7.7.0
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
J	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.			1 3 W.
	X Compensation committee Written employment contract			
		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	X Approval by the poard or compensation committee	1 4 4		
_	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
	organization or a related organization:	4a		X
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	X
b		4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	-40		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	200		1.31
	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, dld the organization pay or accrue any compensation			
	contingent on the revenues of:			v
а	The organization?	5a	╁	X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			177
а	The organization?	6a		X
þ	Any related organization?	6b_	ļ	Х
	If "Yes" on line 6a or 6b, describe in Part III.	, s		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1. 45	
	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	144		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

OBESITY ACTION COALITION Schedule J (Form 990) 2019

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)(i)-(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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(fi) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneiits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) JOSEPH F. NADGLOWSKI, JR.	0	203,704.	21,803.	0		0.	225,507.	0
PRESIDENT/CEO	(II)	0.	0.	0	0	0.	•	0
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Page 3

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.

950

932113 10-21-19

Schedule J (Form 990) 2019

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 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OBESITY ACTION COALITION

Employer identification number 20-1953508

FORM 990, PART VI, SECTION B, LINE 11B:
PRESIDENT/CEO REVIEWS FORM 990. THE GOVERNING BODY WAS PROVIDED 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 OF THE 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 COMPENSATION FOR THE
PRESIDENT/CEO, AND REVIEW DURING EXECUTIVE SESSION OF THE BOARD MEETING,
HIS PERFORMANCE. OUTSIDE COMPENSATION COMPARISONS ARE CONSIDERED 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, MS, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, MA, NJ
NM
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND ALL FINANCIAL
STATEMENTS, ARE AVAILABLE AT NO CHARGE TO THE PUBLIC, UPON REQUEST.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990 2019

Attachment Seguence No. 179

OMB No. 1545-0172

Internal Revenue Service (99
Name(s) shown on return

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

OBESITY ACTION COALITION FORM 990 PAGE 10 20-1953508 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part i. 1,020,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,550,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation, Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 4.477. Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property е 20-year property S/I 25 yrs. 25-year property a 27.5 yrs. MM S/L Residential rental property h 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20 a Class life

916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate3nStructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

Form 4562 (2019)

4,477.

Part IV Summary (See instructions.)

12-year

30-year

40-year

b

C

d

S/L

S/L

S/L

21

MM

ММ

12 yrs.

30 yrs.

40 yrs.

	240, Columns (a	a) inrough (c	joi section A, ai	i Oi Section B, ai	nu <u>cec</u>	HOIT C	z ii appii	cabic.				
	Section A -	Depreciation	n and Other Info	ormation (Cauti	on: Se	e the	instruct	ions for lin	nits for passeng	er automobiles.)		
242	Do you have evidence to s				Ye				s," is the evider		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis			reciation vestment	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	section	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in	service	durin	g the ta	x year and				142 - 1 - 1 Y
	used more than 50% in a	a quali <u>fied bu</u>	usiness use						25	<u></u>		
26	Property used more than	n 50% in a qu	ualified business	use:								
		: :	%				_					
		:	%									
		: :	%									
27	Property used 50% or le	ss in a qualit	fied business use): 	- 						,	
		: :	%						S/L *			
			%						S/L · 🖔			
			%						S/L·			
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lir	1 0 21, p	oage '	1		28			1.5
20	Add amounts in column	(i), line 26, E	nter here and on	line 7, page 1						29		

d on line 7, page 1

Section B - Information on Use of Vehicles

Therefore than 5% owner, for related person. If you provided vehicles

Therefore these vehicles. Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles, to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	1 '	a) nicle	(£ Veh	idle	Vehi	icle	(c Veh	•	(e Vehi		(f Veh	•
	year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
33	driven Total miles driven during the year. Add lines 30 through 32)			, , , , , , , , , , , , , , , , , , , ,					
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>No</u>
35	Was the vehicle used primarily by a more than 5% owner or related person?				***************								
36	Is another vehicle available for personal use?											;	

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	<u>No</u>
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?	<u> </u>	
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2019 tax year:				
				<u></u>	
Amortization of costs that began befo	43				
4 Total. Add amounts in column (f). See		ra to report	<pre><pre></pre></pre>	44	

916252 12-12-19

Form **4562** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/e-file-for-charities-and-non-profits.

•	The ferril, view www.ns.govic line provide to the chart	11	I (a section)			
	atic 6-Month Extension of Time. Only subm				<u> </u>	<u></u> .
All corpo	rations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMICs,	and trusts	
nust use	e Form 7004 to request an extension of time to file income	tax returi	าร.			
 Гуре or	Name of exempt organization or other filer, see instruc-	Taxpayer identification number (TIN)				
orint	Name of oxompt organization of other man, 200 mounts					
JI 111C	OBESITY ACTION COALITION			20- <u>19</u> !	53508	
ile by the due date for	le by the					
iling your	4511 NORTH HIMES AVENUE, NO					
eturn. See nstructions	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.			
	TAMPA, FL 33614-7085				<u> </u>	[0]1]
Enter the	e Return Code for the return that this application is for (file	a separat	te application for each return			0 1
Applicat	tion	Return Application				Return
s For		Code	Is For	······		Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			10
Form 99		04	Form 5227		***	11
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	12		
Form 99	O-T (trust other than above) JOSEPH F. NADGE	06 OWGV	Form 8870	***************************************		1
	DOSEPH F. NADGE DOOKS are in the care of \blacktriangleright 4511 NORTH HIME	TITE A DE	TAPTE #250 TAMPA	मा. २	3614-7	085
The b	books are in the care of ASII NORTH HIME	PO WAI	Fax No. >			
Telep	ohone No. ► <u>(813)</u> 872-7835 organization does not have an office or place of business					▶ □
If the	organization does not have an office or place or business is for a Group Return, enter the organization's four digit (Sin the On Graup Eve	emption Number (GFN)	If this is for	the whole o	roup, check this
	The second of th	and atta	ach a list with the names and TINs o	f all membe	rs the exter	ision is for.
box 📐	, If it is for part of the group, checklishe but	and are				
. .	equest an automatic 6-month extension of time until	NOVE	MBER 16, 2020 , to fil	e the exem	pt organizat	ion return for
1 ir	e organization named above. The extension is for the organization					
	X calendar year 2019 or					
	tax year beginning	, ar	nd ending			
	Lax your bogining	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
_ <u>"</u>	Change in accounting period					
_		40.77			,	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			•
at	ny nonrefundable credits. See instructions.			3a_	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069			1		^
es	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					0.
<u>u</u>	sing EFTPS (Electronic Federal Tax Payment System). Sec	e instructi	ons.	3c	\$	
	n: If you are going to make an electronic funds withdrawal	l (direct de	bit) with this Form 8868, see Form 8	3453-EO an	a Form 887	a-EO for payment
instruct	<u> </u>				Far	8868 (Rev. 1-2020)
1.1.14	Far Drivery Ast and Department Poduction Act Notice	eas instr	Hetions.		COUL	OCCO (LIGY, 174UAU)

923841 12-30-19

LHA

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