Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending,	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 	²⁰ — 2020
Name of exempt organization		Taxpayer identification number
		0.0.1050500
OBESITY ACTION		20-1953508
Name and title of officer or pe JOSEPH F. NADO	GLOWSKI, JR.	
PRESIDENT AND	Return and Return Information (Whole Dollars Only)	
,	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	m the return of you
check the box on line 1a, 2 blank, then leave line 1b, 2	2a , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line for the return being filed with b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if you enter explicable line below. Do not complete more than one line in Part I.	this form was
1a Form 990 check here		1b <u>1,849,924</u> .
2a Form 990-EZ check h		
3a Form 1120-POL chec	· · · · · · · · · · · · · · · · · · ·	
4a Form 990-PF check h		4b
5a Form 8868 check here 6a Form 990-T check here		
	b Total tax (Form 4720 Part III line 1)	7b
Part II Declarat	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury,	I declare that X I am an officer of the above organization or I am a person sub	ject to tax with respect to
(name of organization)	, (EIN)	and that I have examined a copy
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry tc this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a pay as my signature for the electronic return and, if applicable, the consent to electron c fund as my signature for the electronic return and, if applicable, the consent to electron c fund the selected a payment is the selected of the payment.	account. To revoke to the payment ixes to receive personal
X I authorize MA	RCUM LLP	to enter my PIN 53508
	ERO firm name	Enter five numbers, but
a state agency(ie	on the tax year 2020 electronically filed return. If I have indicated within this return that a s) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme o's disclosure consent screen.	
electronically file	person subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	a state agency(ies) nsent screen.
Signature of officer or person subject Part III Certifica	tion and Authentication	
•	ur six-digit electronic filing identification	
number (EFIN) followed by	your five-digit self-selected PIN. 61293145206 Do not enter all zeros	
	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Informa- siness Returns.	
ERO's signature 🕨	Iness Returns. TiW. Down Date ▶	11/11/2021
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So
LHA For Paperwork Red	uction Act Notice, see instructions.	Form 8879-EO (2020)

023051 11-03-20

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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 filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instr	ructions.		Taxpayer	identification	n number (TIN)	
print					20-1953508		
File by th		soo instruct	ions		20-19	53506	
due date filing you	4511 NORTH HIMES AVENUE N						
return. Se instructio							
	TAMPA, FL 33614-7085	5					
Enter t	ne Return Code for the return that this application is for (f	file a separat	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
 If th box 1 1 t t 	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the or . X calendar year 2020 or tax year beginning f the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta NOVEI ganization's	mption Number (GEN) ch a list with the names and TINs of MBER 15, 2021 , to file return for: d ending	If this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	0, or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	f this application is for Forms 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and				
	estimated tax payments made. Include any prior year over			3b	\$	0.	
сE	Balance due. Subtract line 3b from line 3a. Include your p	payment wit	h this form, if required, by				
L	ising EFTPS (Electronic Federal Tax Payment System). Se	ee instructio	ns.	3c	\$	0.	
instruc				453-EO an			
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form 8	868 (Rev. 1-2020)	

023841 04-01-20

	000	
Form	qqn	
Form	330	

EXTENDED TO NOVEMBER 15, 2021 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

	partment of the Treasury ernal Revenue Service	
Α	For the 2020 calenda	ır

A	A For the 2020 calendar year, or tax year beginning and ending						
B	Check if applicable	c Name of organization		D Employer identification number			
	Addres change	B OBESITY ACTION COALITION					
	Name change			20-195350)8		
	Initial return		Room/suite	E Telephone number			
	Final return/		250	(813) 872			
	termin- ated				1,849,924.		
	Amend return			H(a) is this a group re			
	Applica tion pendin	^{a-} F Name and address of principal officer: JOSEPH NADGLOWSKI		tor subordinates?	? Yes X No		
		4511 NORTH HIMES AVENUE, #250, TAMPA, F		H(b) are all subordinates inc			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o e: ► WWW.OBESITYACTION.ORG	or 527	H(c) Group exemption	list. See instructions		
ĸ	Form of	organization: 🔀 Corporation Trust Association Other 🕨	L Year		State of legal domicile: FL		
		Summary					
-	1	Briefly describe the organization's mission or most significant activities: $rac{ ext{TO} \ ext{EI}}{ ext{EI}}$	LEVATE	AND EMPOWER	THOSE		
& Governance		AFFECTED BY OBESITY THROUGH EDUCATION, AD	VOCACY	AND SUPPOR	Г.		
rna	2	Check this box 🕨 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			15		
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13		
viti	6	Total number of volunteers (estimate if necessary)			76000		
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		1,463,428.	1,849,924.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
<u> </u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,463,428.	1,849,924.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		383,066.	952,761.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	<u> </u>		
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ►58,14	15	0.	U •		
Exp	- D	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		780,765.	650,869.		
	111	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,563,831.	1,603,630.		
		Revenue less expenses. Subtract line 18 from line 12	·····	-200,403.	246,294.		
	3		Be	ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		103,548.	454,339.		
Ass	21	Total liabilities (Part X, line 26)		262,734.	367,231.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		-159,186.	87,108.		
P	art II	Signature Block			•••••		
		Ities of perjucy, Ideclare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is		
	,	a and complete polaraum of preparer other than online) is based on an information of wit	non preparer		2021		
Sig	m	Signature of officer		Date	avoy		
Hei		JOSEFH F. NADGLOWSKI, JR., PRESIDENT A	ND CEC				
110		Type or print name and title					
•••••		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN		
Pai	d	TIMOTHY W. DONOVAN, CPA $T_i \omega T_i \omega$) onor 1	1/11/2021 if self-employe	P00043971		

raiu	IIIIOIIII W. DONOVAN, CFA		self-employed	F000433/T
Preparer	Firm's name MARCUM LLP	Firm's	ein 🛌 1	1-1986323
Use Only	Firm's address 🖕 201 E. KENNEDY BLVD. #1500			
	TAMPA, FL 33602-5865	Phone	no. (81	3) 397-4800
May the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
032001 12-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)

Form	990 (2020) OBESITY ACTION COALITION	20-1953508 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO ELEVATE AND EMPOWER THOSE AFFECTED BY OBESITY THROUGH	EDUCATION,
	ADVOCACY AND SUPPORT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Caption $501(c)(0)$ and $501(c)(d)$ even indices are required to report the ground of super-	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, and
4a	(Code:) (Expenses \$ 1,408,721. including grants of \$) (Revenue)	1,762,831.)
	EDUCATIONAL: TO EDUCATE PATIENTS, FAMILY MEMBERS AND THE	
	OBESITY, IMPROVE ACCESS TO MEDICAL TREATMENTS FOR PATIENT	
	FOR SAFE AND EFFECTIVE TREATMENTS, AND STRIVE TO ELIMINAT	
	STIGMA ASSOCIATED WITH ALL TYPES OF OBESITY THROUGH NEWSI	LETTERS AND
	EDUCATIONAL BROCHURES.	
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,408,721.	
		Form 990 (2020)
032002	12-23-20	

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Form	990	(2020)

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 23
10	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		Х
032003	12-23-20	Form	990	(2020)

032003 12-23-20

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 0a		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	38	х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	\$ 12-23-20	Form	990	(2020)

Form	990 (2020) OBESITY ACTION COALITION 20-1953	508	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
ou		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		<u> </u>
D.		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
'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		x
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
C		7c		x
Ь		10		
		7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 23
g	If the organization received a contribution of qualified intellectual property, did the organization me rorm boss as required?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- /11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
		9a		
a b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
11				
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
		14a		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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OBESITY ACTION COALITION

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

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decitor b requests information about policies nerrequired by the internal nevenue dode.)		Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
U	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	х	
		15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150	21	
16-				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		X
Ŀ	taxable entity during the year?	<u>16a</u>		
D	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	101		
<u>````</u>	exempt status with respect to such arrangements?	16b		
		мт	MNT	NT
17	List the states with which a copy of this Form 990 is required to be filed AK , AL , AR , AZ , CO , CT , FL , KS , MD			
8	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOSEPH F. NADGLOWSKI, JR (813) 872-7835			
	4511 NORTH HIMES AVENUE, #250, TAMPA, FL 33614-7085		000	
	S 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Eorm	9 90	(20)

F	000	(0000)
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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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH F. NADGLOWSKI, JR.	40.00					77				
PRESIDENT/CEO				Х				226,144.	Ο.	9,825.
(2) KRISTEN K. KUNA	40.00									
HIGHLY COMPENSATED EMPLOYE						х		113,714.	0.	5,203.
(3) JAMES T. ZERVIOS	40.00									
HIGHLY COMPENSATED EMPLOYE						Х		110,916.	0.	4,440.
(4) PAM DAVIS, RN	5.00									
DIRECTOR		Х						0.	0.	0.
(5) AMBER HUETT-GARCIA, MPA	5.00									
DIRECTOR		Х						0.	0.	0.
(6) SUNIL DANIEL, MD	5.00									
DIRECTOR		Х						0.	0.	0.
(7) TED KYLE, RPH	5.00									
TREASURER		Х						0.	0.	0.
(8) MICHELLE VICARI	5.00									
CHAIRWOMAN		Х						0.	0.	0.
(9) MELINDA J. WATMAN	5.00									
DIRECTOR		Х						0.	0.	0.
(10) SARAH BRAMBLETTE	5.00									
DIRECTOR		Х						0.	0.	0.
(11) NIKKI MASSIE, MA	5.00									
DIRECTOR		Х						0.	0.	0.
(12) PATTY NECE, JD	5.00									_
VICE-CHAIRWOMAN		Х						0.	0.	0.
(13) ROB PORTINGA	5.00									
DIRECTOR		Х						0.	0.	0.
(14) NINA CROWLEY	5.00									
DIRECTOR		Х						0.	0.	0.
(15) DEBE GAU	5.00									
DIRECTOR		Х						0.	0.	0.
(16) KRISTAL HARTMAN	5.00									
SECRETARY		Х						0.	0.	0.
(17) SCOTT KAHAN	5.00									
DIRECTOR		Х						0.	0.	0.
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	990 (2020) OBESITY A									20-19	53	508	P	age 8
Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										(F)			
	(A) Name and title	(B) Average hours per week (list any	veek (do not check box, unless pe officer and a d				than o s both	n an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		Est am comp	of	
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om th inizat relat nizati	e ion ed
(18)	LLOYD STEGEMANN	5.00												
DIRE	CTOR		Х						0.		0.			0.
			-											
										•				
									1					
	Subtotal								450,774.		<u>0.</u> 0.	19),4	<u>68.</u> 0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A				••••			450,774.		0.	19),4	68.
2	Total number of individuals (including but no compensation from the organization		-	liste	d ab	ove) wh	o re		000 of reportable	I			3
											ſ		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su		•									3		x
4	For any individual listed on line 1a, is the su								er compensation from t			3		
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a											5		x
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	piele Schedule	<u> </u>	or su	<u>ICH Ļ</u>	Jers	<u>on</u> .					5		
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								ensat	ion fro	m	
	(A) (B) Name and business address NONE Description of services C									С	(C) Compensation			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C	e lis)	ted	above) who received mo	ore than		-		

Form **990** (2020)

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	<u>1 990</u> rt V			TION COALIT	ION		20-1953	508 Page 9
га	IL V	4		once ex note to env lin	a in this Dart VIII			
			Check if Schedule O contains a resp	onse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1	327,668.				sections 512 - 514
Contributi and Other		g	similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	\$ 34,531.	1,849,924.			
Program Service Revenue	2	a b c d						
Progr		g	All other program service revenue Total. Add lines 2a-2f	>				
	3 4 5		Investment income (including dividends, other similar amounts) Income from investment of tax-exempt b Royalties	bond proceeds				
		b c	Gross rents					
venue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	rities (ii) Other				
Other Reve		d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	9	c a	Less: direct expenses Net income or (loss) from fundraising eve Gross income from gaming activities. Se Part IV, line 19	ents ►				
	10	c a	Less: direct expenses Net income or (loss) from gaming activiti Gross sales of inventory, less returns and allowances Less: cost of goods sold	es ►				
Miscellaneous Revenue	11		Net income or (loss) from sales of invento	Business Code				
Miscell Reve		е	All other revenue		1,849,924.	0.	0.	0.
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Form 990 (2020)

OBESITY ACTION COALITION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
	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,				
	trustees, and key employees	226,144.	192,223.	22,614.	11,307
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	627,196.	533,118.	62,719.	31,359
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,411.	24,149.	2,841.	1,421
Э	Other employee benefits	10,977.	9,330.	1,098.	1,421 549 3,002
)	Payroll taxes	60,033.	51,028.	6,003.	3,002
1	Fees for services (nonemployees):	·			•
а	Management				
	Legal				
	Accounting	14,863.	13,377.	1,486.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	20,311.	10,155.	9,140.	1,016
4	Information technology			- ,	
5	Royalties				
5	Occupancy	82,879.	58,471.	17,032.	7,376
,	Traval				
3	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	51,782.	46,099.	5,683.	
,)		,			
, I	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,038.	5,434.	302.	302
-	. · · · · · · · · · · · · · · · · · · ·	6,691.	3,345.	3,346.	
•	Other expenses. Itemize expenses not covered	5,0520	5,0150		
•	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	PUBLISHING	378,256.	378,256.		
a b	CONTRIBUTED PHARMACEUTI	34,531.	34,531.		
с С	ADVOCACY EXPENSE	30,000.	24,000.	4,500.	1,500
d	POSTAGE	15,031.	15,031.		±,500
	All other expenses	10,487.	10,174.		313
	Total functional expenses. Add lines 1 through 24e	1,603,630.	1,408,721.	136,764.	58,14
	Joint costs. Complete this line only if the organization	1,000,000.	±;=00;/2±•	100,7010	50,14
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 1 following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

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OBESITY	ACTION	COALITION
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		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			78,972.	1	413,129.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			10,569.	3	569.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		r		7	
Assets	8	Inventories for sale or use				8	
As	9				0.	9	25,000.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,166.			
	b	Less: accumulated depreciation		40,288.	10,244.	10c	11,878.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,763.	15	3,763.
	16	Total assets. Add lines 1 through 15 (must equa			103,548.	16	454,339.
	17	Accounts payable and accrued expenses			76,943.	17	83,584.
	18	Grants payable				18	
	19	Deferred revenue			169,858.	19	127,627.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV (of Schedule D		21	
ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iabi		controlled entity or family member of any of thes	e perso	ons		22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	· ·		0.	24	136,900.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	Complete Part X	4 - 000		10 100
		of Schedule D			15,933.	25	19,120.
	26	Total liabilities. Add lines 17 through 25		. .	262,734.	26	367,231.
s		Organizations that follow FASB ASC 958, che	ck here				
Ce		and complete lines 27, 28, 32, and 33.			150 100		07 100
alar	27	Net assets without donor restrictions			-159,186.	27	87,108.
ЧВ	28	Net assets with donor restrictions				28	
un		Organizations that do not follow FASB ASC 98	58, che	ck here 🕨 🛄			
ΥF		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		r	-159,186.	31	Q7 100
ž	32	Total net assets or fund balances				32	87,108.
	33	Total liabilities and net assets/fund balances			103,548.	33	<u>454,339.</u>

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Form 990 (2020)
Part X Balance Sheet

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Form	1990 (2020) OBESITY ACTION COALITION	20-1	953508	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,849	, 91	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,603		
3	Revenue less expenses. Subtract line 2 from line 1	3	246		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-159	,1	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	87	,1	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	23	
20	If the organization changed either its oversight process or selection process during the tax year, explain on Scho As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja	Act and OMB Circular A-133?		3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		00		<u> </u>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		<u></u>	Form	990	(2020)
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization

Name	ame of the organization Employer identification number							
		ITY ACTION						0-1953508
Part	I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The org	anization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local go	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:						-	
10 🛛	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen							
	income and unrelated busir							
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50)9(a)(4).		
12 🗌	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box in
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte			in connect	tion with, a	and functional	lly integrate	d with,
	its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
	that is not functionally int							
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
e	Check this box if the orga						II, Type III	
	functionally integrated, or							
fΕ	nter the number of supported of	organizations						
g F	Provide the following information	n about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								
LHA Fo	r Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION Part II Support Schedule for Organizations Described in Section

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	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						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
1	Public support. Subtract line 5 from line 4.						
		() 22/2	(1) 00 / -			() 0000	(1)
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for the					· · · ·	
	organization, check this box and stop					.,.,	
See	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2020 (lin	—		column (f))		14	%
	Public support percentage from 2019 S					15	%
	33 1/3% support test - 2020. If the or					nore, check this bo	x and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the or	ganization did nc	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qualif	ies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test -	• 2020. If the org	anization did not				
	and if the organization meets the facts-	and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatic	on qualifies as a pu	ublicly supported or	ganization		
b	10% -facts-and-circumstances test -	2019. If the org	anization did not	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and st	op here. Explain i	in Part VI how the	
	organization meets the facts-and-circur	nstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	and see instructions	s ►
					Sch	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 OBESITY ACTION COALITION

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1413227.	1650944.	1639119.	1463428.	1849924.	8016642.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1412007	1650044	1 () 0 1 1 0	1462420	1040004	0016640
	Total. Add lines 1 through 5	1413227.	1650944.	1639119.	1463428.	1849924.	8016642.
7a	Amounts included on lines 1, 2, and			0.00 1.55	1100001	1206104	5042605
	3 received from disqualified persons	684,965.	955,000.	968,157.	1109381.	1326104.	5043607.
b	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year			0.00 1.07	1100201	1206104	0.
	Add lines 7a and 7b	684,965.	955,000.	968,157.	1109381.	1326104.	5043607.
	Public support. (Subtract line 7c from line 6.)						2973035.
					(<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2016 1413227.	(b) 2017 1650944.	(c) 2018 1639119.	(d) 2019 1463428.	(e) 2020 1849924.	(f) Total 8016642.
	Amounts from line 6 Gross income from interest,	1413227.	1050944.	1039119.	1403420.	1049924.	0010042.
10a	dividends, payments received on						
	securities loans, rents, royalties,						
Ŀ	and income from similar sources						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired offer Jupe 20, 1075						
	Add lines 10a and 10b Net income from unrelated business	· · ·					
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	1413227.	1650944.	1639119.	1463428.	1849924.	8016642.
	First 5 years. If the Form 990 is for th	·			•		
14		8	, , ,			0	,,
Sec	tion C. Computation of Publi	c Support Per					
	Public support percentage for 2020 (I			column (f))		15	37.09 %
	Public support percentage from 2019					16	42.76 %
	tion D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► X
h	33 1/3% support tests - 2019. If the	-	-		••••		
~	line 18 is not more than 33 1/3%, che	•				-	
20	Private foundation. If the organization						
	3 01-25-21		,	, ,		edule A (Form 990	
			16				,

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Schedule A (Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10a 10b Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Schedule A (Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION

Pa	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			

- how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in
- these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.
 - **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organi	ization (see

Schedule A (Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020		
_1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
<u> i</u>	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 OBESITY ACTION COALITION	20-1953508 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
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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.

Go	to www.irs.g	gov/Form990 for	instructions and	I the latest informa	tion.



Employer identification number

20-1953508

Mana	- 4 4 4	
name	or the	organization

OBESITY ACTION COALITION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

►

Par	rt I Organizations M	laintaining Donor Advised	I Funds or Other Si	imilar Funds o	or Accou	nts. Complete if the
	organization answered	d "Yes" on Form 990, Part IV, line	96.			
			(a) Donor advised	d funds	(b) Fu	nds and other accounts
1	Total number at end of year					
2	Aggregate value of contributi	ions to (during year)				
3	Aggregate value of grants fro	om (during year)				
4	Aggregate value at end of ye	ar				
5	Did the organization inform a	Ill donors and donor advisors in w	riting that the assets hel	ld in donor advise	d funds	
	are the organization's proper	ty, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform a	Ill grantees, donors, and donor ad	lvisors in writing that gra	nt funds can be u	sed only	
	for charitable purposes and r	not for the benefit of the donor or	donor advisor, or for any	y other purpose co	onferring	
	impermissible private benefit	?				Yes No
Par	rt II Conservation Ea	sements. Complete if the orga	anization answered "Yes	s" on Form 990, Pa	art IV, line 7	
1		asements held by the organization				
	Preservation of land fo	r public use (for example, recreati	ion or education)	Preservation of a	a historically	y important land area
	Protection of natural ha	abitat		Preservation of a	a certified h	istoric structure
	Preservation of open s	pace				
2	Complete lines 2a through 20	d if the organization held a qualifie	ed conservation contribu	ution in the form o	f a conserva	ation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation	1 easements			2a	
b	Total acreage restricted by co					
с		ements on a certified historic strue				
d		ements included in (c) acquired af		r		
		r			2d	
3		ements modified, transferred, rele			·····	during the tax
	year 🕨	,		,	- 5	g
4		perty subject to conservation ease	ement is located			
5		a written policy regarding the perio		ion, handling of		
		of the conservation easements it I		, 3		Yes No
6		voted to monitoring, inspecting, h				ements during the year
		3 , 1 3 ,	5	5		5 ,
7	Amount of expenses incurred	d in monitoring, inspecting, handli	ing of violations, and enf	orcing conservation	on easemer	nts during the year
•	► \$		ing of fiolations, and on	erenig eeneertain		
8	· · · · · · · · · · · · · · · · · · ·	ement reported on line 2(d) above	satisfy the requirements	s of section 170(h))(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?					Yes No
9		organization reports conservation				
Ŭ		f applicable, the text of the footno				
	organization's accounting for					
Par		laintaining Collections of	Art, Historical Trea	asures, or Oth	er Simila	ar Assets.
	Complete if the organ	ization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as	s permitted under FASB ASC 958	, not to report in its reve	nue statement an	d balance s	heet works
	of art, historical treasures, or	other similar assets held for publ	ic exhibition, education,	or research in fur	therance of	public
	service, provide in Part XIII th	ne text of the footnote to its finance	cial statements that desc	cribes these items		
b		s permitted under FASB ASC 958				t works of
	-	her similar assets held for public				
	provide the following amount		, ,			
		rm 990, Part VIII, line 1			►	\$
	(ii) Assets included in Form					\$
2		or held works of art, historical trea				
		ed to be reported under FASB AS			- /1 - //4	
а	-	90, Part VIII, line 1	-		►	\$
		, Part X				\$
		Act Notice, see the Instructions			····· ۲	
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Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche		ACTION CO					20)-19	53508	8 Pa	ige 2
collection items (check all that apply: d Loan or exchange program a Puble exhibition d Loan or exchange program b Scholarly research 0 Other	Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Similar A	ssets	(contir	nued)	
a Public exhibition d Loan or exchange program b Scholary research e Other	3	Using the organization's acquisition, access	ion, and other record	s, check	any of the f	ollowing that	t make si	gnificant use	of its			
b Scholarly research e Other c Prevaluation for future generations e Other Subring the year, did the organization solicit or receive donators of art, historical treasures, or other similar assets to a second the organization solicit or receive donators of art, historical treasures, or other similar assets to a model the organization answered "Yes" on Form 980, Part IV, line 9, or responded an anound to Form 980, Part X, line 21. 13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount 14 d Additions during the year 11 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account hability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been profider of Part Xall Yes No b If Yes', explain the arrangement in Part YAII. Check here if the explanation has been profider of Part Xall Yes No b Other year doll account hability? Yes No No No a Beginning of		collection items (check all that apply):										
c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part V. line 9.1 If a list he organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. If a list he organization include an amount on Form 990, Part X. line 21, for secret or custodial account liability? If yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on PartXIII Description of users parts and explain the year of the organization has been provided on PartXIII Description of years balance (a) Current year (b) Pres very (b) Price year (c) Two years back (c) Fure ye	а	Public exhibition	d	ı 🛄	Loan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization is collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Distributions during the year Ending balance Distributions during the year Ending balance Is degrinating of year balance Is degrinating balance Is degrinating of year balance Is definitions Is degrinating balance Is definitions Is definition	b	Scholarly research	e	,	Other							
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a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings												
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				wment f	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Fai				/ l'a a d d a 0			" 1 0				
Image: basis (investment) basis (other) depreciation 1a Land		· · · · · ·			ŕ					(4) D -		
1a Land		Description of property								(a) Boo	k value)
b Buildings	4 -	Land		пенц	Dasis		ue	preciation				
c Leasehold improvements												
d Equipment 52,166. 40,288. 11,878. e Other												
e Other					5	2 166		40 288		1 .	1 87	78
					- J	2,1000		10,200	•	<u>ــــــــــــــــــــــــــــــــــــ</u>	-,01	••
				X colun	nn (R) line 1	nc)	1			1	1,87	78.

Schedule D (Form 990) 2020

Part VII	orm 990) 2020		ION COALITION		20-1953508 Page 3
	nvestments - C	Other Securities.			
c	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.	
(a) Description	n of security or catego)ry (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial c	derivatives				
(2) Closely he					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) !	must equal Form 990,	Part X, col. (B) line 12.) 🕨			
Part VIII	nvestments - P	Program Related.			
C	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of in	nvestment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) r	must equal Form 990,	Part X, col. (B) line 13.) 🕨			
	Other Assets.				
C	Complete if the orga			11d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	n (b) must equal For	<u>m 990. Part X. col. (B) line</u>	e 15.)		
	Other Liabilities				
_			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
<u>1.</u>		scription of liability			(b) Book value
	al income taxes				19,120.
	ERRED RENT	EAPENSE			
(3)					
(4)					
(5)					
(0)					
(6)					
(7)					
(7) (8)					
(7) (8) (9)					▶ 19,120.

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 OBESITY ACTION COALITION			20-2	1953508 _{Pa}	age 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,452,98	39.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	5,603,065.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5,603,06	55.
3	Subtract line 2e from line 1			3	1,849,92	24.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,849,92	24.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per I	Returi	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,206,69	95.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	5,603,065.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5,603,06	55.
3	Subtract line 2e from line 1			3	1,603,63	30.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,603,63	30.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	l l	20	2	<u> </u>
•		Compensated Employees		20	ZU)
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n	Employer	identificatio	on nur	nber
		OBESITY ACTION COALITION	20-1	1953508	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate 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 d	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee Written employment contract				
		compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		4a		X
b	-	eive payment from a supplemental nonqualified retirement plan?		4b		X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	_					
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					17
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5 b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					v
а	The organization?			<u>6a</u>		X
b		ation?		6b		X
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

20-1953508

Page **2**

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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		reported as deferred on prior Form 990
(1) JOSEPH F. NADGLOWSKI, JR. (i)	211,353.	14,791.	0.	0.	0.	226,144.	0.
PRESIDENT/CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)					>		
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i)							
(i) (ii)							
(i)							
(i)							
(i)							
(0)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2020

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer	identification number
	Open to Public Inspection
.	

20-1953508

Name of the organization	۱
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OBESITY ACTION COALITION

Pa	rt I Types of Property								
		(a)	(b) Number of	(c) Noncash contribution	(d)				
		Check if applicable		amounts reported on	Method of de noncash contribu	•	nts		
		applicable	items contributed	Form 990, Part VIII, line 1g					
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20		X	692	34 531.	RETATI VALI	E			
21									
22	Taxidermy Historical artifacts								
23	Scientific specimens								
23 24	Archeological artifacts		•						
2 4 25	Other ()								
25 26	Other (
20 27	Other (
27 28									
<u>20</u> 29	Other () Number of Forms 8283 received by the organiz	ation during	l the tax year for e						
25	for which the organization completed Form 828	-	•						
	for which the organization completed rorm 620	DO, Fait V, L		ement 29		Yes	No		
200	During the year, did the organization receive by	, oontributio	n ony proporty rop	orted in Dort L lines 1 throug	h 29 that it	Tes			
30a									
	must hold for at least three years from the date			•		20.0	x		
	exempt purposes for the entire holding period?					30a			
	b If "Yes," describe the arrangement in Part II.								
31									
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
						32a	X		
	If "Yes," describe in Part II.			An and the set of the set	les el				
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	r for which column (a) is chec	cked,				
	describe in Part II.				<u> </u>				
LHA	For Paperwork Reduction Act Notice, see	the instruct	uons for Form 990	Ј.	Schedule N	/I (Form 990	J) 2020		

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2020 OBESITY ACTION COALITION

20-1953508

Page **2**

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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

Employer identification number 20-1953508

OBESITY ACTION COALITION

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:

ALL BOARD OF DIRECTORS ACKNOWLEDGE THE RECEIPT OF THE CONFLICT OF ANNUALLY,

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

AND REVIEW DURING EXECUTIVE SESSION OF THE BOARD MEETING PRESIDENT/CEO,

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

40

NM

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND ALL FINANCIAL

ARE AVAILABLE AT NO CHARGE TO THE PUBLIC, UPON REQUEST. STATEMENTS,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Form 4562	
Department of the Treasury Internal Revenue Service (99)	
Name(s) shown on return	2

Depreciation and Amortization

(Including Information on Listed Property) 990

2020

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
 Business or activity to which this form relates

Part II Isetion To Expanse Details Property laced for 178 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000. 2 Total cost of section 178 property placed in service (see instructions) 2 2,590,000. 3 Threshold cost of section 178 property before reduction in limitation 3 2,590,000. 4 Peduction in Initiation. Subtract into item item 2 if zono ites, enter -0. 4 5 Deal immetion course. Subtract into item item 2 if zono ites, enter -0. 4 6 0/Letterplane interion item 2 if zono ites, enter -0. 6 7 Listed property. Enter the amount from line 2 if zono ites, enter -0. 8 9 0/Letterplane interion inter 1 if zono ites, enter -0. 8 9 0/Letterplane interion inter 3 if zono ites, enter -0. 8 9 10/Letterplane interion inter 3 if zono zono item 6 is item zono zono zono zono zono zono zono zon	1 Maximum amount (see instructions) 2 Total cost of section 179 property before reduction in limitation 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- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Description of property 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 10 for 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property) laced in service the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (Including ACRS) Part III MACRS Depreciation (Don't include listed property, See instructions.) Section B - Assets Placed in service intax yearis beginning before 2020 18 <th>(c) Elected</th> <th>1 2 3 4 5 cost 10 11 12 14 15</th> <th>1,040,000.</th>	(c) Elected	1 2 3 4 5 cost 10 11 12 14 15	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, under 0. 4 5 Determination for taxyee. Splerate the 4 form in 1 fravo is equivable. There is the subtract line 3 from line 2. If zero or less, under 0. 5 6 ublebration of property. 10 Lots business use altyr. (c) better cost 7 Listed property. Enter the amount from line 29 7 8 9 9 Totatie deduction. Enter the smaller of line 5 or line 8 9 9 10 Carayover of disallowed deduction. The time line 13 of your 2019 Form 4582 10 11 11 Business income limitation. Enter the smaller of line 5 or line 8 10 11 12 Carayover of disallowed deduction 10 2021. Add lines 9 and 10, but dont enter more than line 11 12 12 12 Carayover of disallowed deduction 10 2021. Add lines 9 and 10, but dont enter more than line 11 12 12 13 Carayover of disallowed deduction 12 2021. Add lines 9 and 10, but dont enter property. 13 14 14 Special depreciation Allowance and Other Depreciation (Don't include lines duroperty.) 14 16 14 Special depreciation Allowance of rqualified property (Seen than lines duroperty.	2 Total cost of section 179 property placed in service (see instructions) 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. 5 Dotlar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter - 0. 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 0 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4552 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II Debuy for listed property. (other than listed property) placed in service the tax year 13 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 20200 18 <t< td=""><td>(c) Elected</td><td>2 3 4 5 cost 9 10 11 12 14 15</td><td></td></t<>	(c) Elected	2 3 4 5 cost 9 10 11 12 14 15	
2 Total cost of section 179 property place of line service (see instructions) 2 3 Threshold cost of section 179 property bater evaluation in imitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0. 5 5 Determined to save 5. Solved line 4 from line 1. Have or less, enter 0. 5 6 ID Determined to save 5. Solved line 4 from line 1. Have or less, enter 0. 5 7 Listed property. Enter the amount from line 29 7 8 9 Totative deduction. There the smaller of line 5 or line 8 9 10 Carroyover of disallowed deduction to 2021. Add lines 9 and 10, but cont enter more than line 11 12 12 Carroyover of disallowed deduction 10201. Add lines 9 and 10, but cont enter more than line 11 12 13 Carroyover of disallowed deduction 10201. Add lines 9 and 10, but cont enter more than line 11 12 13 Carroyover of disallowed deduction 102021. Add lines 9 and 10, but cont enter more than line 11 12 14 Special Depreciation Allowance and Other Depreciation (DDn1 linebuls listed property). 14 15 Property subject to section 1880(11) election 16 16 Other depreciation Allowance tor qualified property. See instructions.) 17 16 The depreciation for senses placed in service intary least beginning before 2020. 17 17 MACR5 deductions for a	2 Total cost of section 179 property placed in service (see instructions) 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. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 7 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 7 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 13 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II to Part III below for listed property. (other than listed property) placed in servic the tax year 13 13 Special Depreciation Allowance and Other Depreciation (Don't include listed property see instructions.) Section A 14 Special depreciation (flockling ACRS) 14 14 MaCRS Depreciation (Don't include listed property. See instructions.) Section A <td>(c) Elected</td> <td>2 3 4 5 cost 9 10 11 12 14 15</td> <td>2,590,000.</td>	(c) Elected	2 3 4 5 cost 9 10 11 12 14 15	2,590,000.
4 Peduction in limitation Subtract line 3 from line 2. If zero or less, enter -0. 4 5 Data initiation to tax year, itsubant is frame or lises, enter -0. 6 6 (b) Description of payors (b) Description of payors 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 10 Carryover of disallowed deduction foron line 13 of your 2019 Form 4562 10 11 Section 179 expense deduction 2021. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, but don't enter more than line 11 12 13 Section 140 Foro Part Hibde listed property (other than listed property) 14 14 Special Depreciation allowance for qualified property (other than listed property) 14 15<	4 Reduction in limitation. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions. 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 7 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 7 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction to 2021. Add lines 9 and 10, less line 12 14 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 16 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property. Instead, use Part V. 17 14 Special depreciation allowance for qualified property. See instructions.) 18 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Section A 17 MACRS deductions for assets placed in service intrax years beginning before 2020 18 18 If	(c) Elected	4 5 cost 9 10 11 11 12 14 15	2,590,000.
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		MM native Deprec	S/L S/L	
		MM native Deprec MM MM	S/L S/L 21	6 038
portion of the basis attributable to section 263A costs		MM native Deprec MM MM	S/L S/L 21	6,038.
	016251 12-18-20 LHA For Paperwork Reduction Act Notice, see separate 415 tructions.	MM native Deprec MM MM	S/L S/L 21	6,038.

Foi	Form 4562 (2020) OBESITY ACTION COALITION 20-195350											508	Page 2		
P	art V Listed Proper				er vehicle	es, ce	ertain aircr	raft, an	d property	used for					
_	entertainment, Note: For any	,		,	standard	mile	ane rate o	r dedu	cting lease	exnense	omr	olete or	lv 24a		
	24b, columns (cxperio	5, COMp		Πy 2+α,		
	Section A -	Depreciatio	on and Other	Information	tion (Cau	tion:	See the i	instruc	tions for li	nits for p	asseng	er auton	nobiles.)		
<u>24a</u>] Yes [No		
	(a) (b) (c)				(d)		(e)		(f)	(9	g)		(h)		(i)
	Type of property Date Business/				Cost or		Basis for depr business/inve		Recovery		hod/		eciation uction		cted on 179
	(list vehicles first)	service	use percenta		her basis		use only	y)	period	Conve		ueu			ost
25	Special depreciation allo	owance for q	ualified listed	property	placed in	serv	rice during	g the ta	ix year and	I					
	used more than 50% in	a qualified b	usiness use .					<u></u>	<u></u>		25				
26	Property used more that								-	-					
		: :		%											
		: :		%											
27	Property used 50% or le	ss in a qualit	fied business	use:											
	· · ·	: :		%						S/L -					
				%											
		: :		%						S/L - S/L -					
28	Add amounts in column			/-	and on li	ne 2'	1 nage 1				28	•			
	Add amounts in column										-		29		
29	Add amounts in column	(i), iii ie 20. L					n on Use			<u></u>			23		
0.0	molete this eastion for us	hiolog wood l								valated a		lf vou p		abialaa	
	mplete this section for ve													renicies	
toy	your employees, first ans	wer the ques	stions in Section	on C to s	ee if you i	neet	an excep	tion to	completin	g this se	Ction to	r those v	/enicies.		
					->		(1.)				•		-)		•
~~	T. I. I. I	and the state of the second			a)		(b)		(c)	(d	-	-	e)	(f	-
30	Total business/investment		•	Ver	nicle	V	/ehicle		/ehicle	Veh	ICIE	Ver	nicle	Veh	ICIE
	year (don't include commu														
	Total commuting miles of														
32	Total other personal (no	-													
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle available	e for person	al use	Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	Is another vehicle availa														
	use?	•													
			- Questions	for Empl	overs Wh	o Pr	ovide Vel	hicles	for Use by	Their E	mplove	es	•		
An	swer these questions to g				•				-				ren't		
	re than 5% owners or rela			Keeption	to compi	oung	0000000			a by only	510,000	uno u			
	Do you maintain a writte			ohihits a	ll nersona	LUSA	of vehicle	es incl	udina com	mutina I				Yes	No
07					-				-	-				103	
20	employees? Do you maintain a writte														
30	•	. ,	•	•				•		0, 1,					
~~	employees? See the ins			• •											
	Do you treat all use of v								·····						
40	Do you provide more the														
	the use of the vehicles,														
41	Do you meet the require														I
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don'i	complete	e Sec	ction B for	the co	overed veh	icles.					
P	art VI Amortization						<u>, </u>							(f)	
	(a) Description of costs Date a			(b) (c) amortization Amortizable				(d) Code	(e) Amortizat			ion Am			
				begins					section	ŗ	Amortiza period or per			nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 202	0 tax yea	r:										
				: :											
				: :											
43	Amortization of costs th	at began bet	fore your 2020) tax yea	r							43			
	Total. Add amounts in c											44			
016	252 12-18-20												F	orm 456 2	2 (2020)
						1	2								. /