** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning AUG 1, 2021 and ending JUL 31, 2022 Open to Public Inspection

В	Check if applicable	C Name of organization		D Employe	r identific	ation number
	Addres	BRIGHT PINK NFP				
	Name change	Doing business as		51-0	619889	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number	
	Final return/	2045 W GRAND AVE STE B	54599	312-78	37-4412	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip	ts\$	1,727,862.
	Ameno return	CHICAGO, IL 60012		H(a) Is this a	group re	turn
	Application	F Name and address of principal officer: HINDSAL AVNER		for sub	ordinates?	? Yes X No
_	pendin	SAME AS C ABOVE		H(b) Are all sub	ordinates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)	(1) or 52	7 If "No,"	attach a l	list. See instructions
		e: WWW.BRIGHTPINK.ORG		H(c) Group		
		organization: X Corporation Trust Association Other	L Yea	r of formation: 2	007 M	State of legal domicile: ^{IL}
Р	_	Summary				
Governance	1	Briefly describe the organization's mission or most significant activities: $\frac{ACCE}{ACCE}$		EPEN, AND E	XPAND	
5	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of it	ts net ass	ets.
۶	3	Number of voting members of the governing body (Part VI, line 1a)				10
		Number of independent voting members of the governing body (Part VI, line 1)	o)			9
ď	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				17
<u>;</u>	6	Total number of volunteers (estimate if necessary)			6	9
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	<u>,</u> p	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
			_	Prior Yea		Current Year
9	2 8	Contributions and grants (Part VIII, line 1h)		1,82	4,329.	1,294,014.
2	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,413.	432,266.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,000.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		2,03	7,742.	1,726,280.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	450,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		1.40	0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		1,40	9,132.	214,802.
Fynancae	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
2	<u> </u>	Total fundraising expenses (Part IX, column (D), line 25)		7.0	0.015	207 725
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0,015.	307,725.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,147.	972,527.
_		Revenue less expenses. Subtract line 18 from line 12				753,753.
Net Assets or		Total accords (Dock V. Fire 4.0)	<u> </u>	eginning of Curr	4,275.	End of Year
SSE	eg 20	Total assets (Part X, line 16)			3,139.	4,885,533.
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			1,136.	4,866,276.
P	art II	Signature Block		-,,-	1,100.	1,000,270,
		Ities of perjury, I declare that I have examined this return, including accompanying scheo	lules and staten	nents, and to the	hest of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			-	ogo ana zone, icio
	,	De Des		5/31/		
Sig	an	Signature of officer		Date		
He		LINDSAY AVNER, FOUNDER & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pai	d	MEGAN R. RYAN MEGAN R. RYAN		05/31/23	if self-employe	d ₽00737884
Pre	parer	Firm's name CLARK NUBER, PS		Firm	s EIN 🕨	91-1194016
	Only	Firm's address 10900 NE 4TH STREET, SUITE 1400				
_		BELLEVUE, WA 98004		Phor	_{le no.} 425-	454-4919
Ma	y the IF	S discuss this return with the preparer shown above? See instructions				X Yes No
						- 000 (2221)

Pai	Statement of Program Service Accomp	<u> </u>	_
	•	to any line in this Part III	<u>:</u>
1	Briefly describe the organization's mission: BRIGHT PINK'S MISSION IS TO ACCELERATE, DE:	EEPEN, AND EXPAND THE IMPACT	
	OF LIFE-SAVING BREAST AND OVARIAN HEALTH I	INTERVENTIONS.	_
_			_
2	Did the organization undertake any significant program se		_
		X Yes N	0
_	If "Yes," describe these new services on Schedule O.		
3		ant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.		
4		ments for each of its three largest program services, as measured by expenses.	
		d to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported.	including grants of \$ 450,000.) (Revenue \$	_
4a	(Code:) (Expenses \$ 714,327. AFTER CONDUCTING RIGOROUS DUE DILIGENCE, IN	Including grants of \$	- '
	PROUDLY ANNOUNCED ITS INAUGURAL COHORT OF I		_
	PARTNERED WITH EACH OF THEM TO CODESIGN AND		_
	INNOVATIVE BREAST AND OVARIAN HEALTH INTER		_
	ADDITION TO A CAPITAL INVESTMENT OF \$450,0		_
	DEEP CAPACITY BUILDING RESOURCES SUCH AS L		_
	AND EVALUATION DESIGN. DIGITAL MARKETING ST	,	_
	THE INITIATIVE'S REACH AND IMPACT.		_
			_
			_
			_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			_
			_
			_
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	_ }
			_
			_
			_
			_
			_
			_
			_
			_
1 el	Other pregram continue (Describe and Calcabilla C.)		_
4d	,) /p	
40	(Expenses \$ including grants of \$ Total program service expenses ▶	\$) (Revenue \$) 714,327.	_
	. J.a. program control expenses	•	

Form 990 (2021) BRIGHT PINK NFP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	77	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		.,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			۱
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			۱
	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, VIII, 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		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	1

Form 990 (2021) BRIGHT PINK NFP Part IV Checklist of Required Schedules (continued)

			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		х
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			
	Schedule K. If "No," go to line 25a	24a		х
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		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	35a		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	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 on Schedule O for Part VI, lines 11b and 19?	- ·		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		00	ļ.	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Form 990 (2021)

BRIGHT PINK NFP

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 51-0619889 Page 5

			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			
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 e-file. See instructions.	_		.,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		21
b	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	•		
а	Did the energy argenization make any toyable distributions under costing 4000	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

BRIGHT PINK NFP Form 990 (2021) 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 Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TRACI DAWODU - 312-787-4412

60612

2045 W GRAND AVE STE B #54599, CHICAGO, IL

Form 990 (2021) BRIGHT PINK NFP 51-0619889 Page **7**

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

• 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 the instructions for the order in which to list the persons above.

(A)	(B)	(C)					Jac	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than d	one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of other
	l (list any	tor						from the	from related organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	truste		a)	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GINNY EHRLICH	45.00									
CEO THRU 05/21					Х			159,731.	0.	10,456.
(2) JESSICA RICHMOND	45.00									
VP GROWTH & PRODUCT THRU 10/21				Х				143,860.	0.	12,223.
(3) TRACI DAWODU	45.00									
VP FINANCE & OPS THRU 10/21				Х				145,555.	0.	10,114.
(4) LINDSAY AVNER	25.00									
CEO & BOARD MEMBER		Х		Х				77,500.	0.	0.
(5) JANET FOUTTY	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(6) JAMES TONEY	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(7) TARYN ARONSON	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) JANNA ANDREWS	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(9) KATHRYN BEISER	1.00	-								
BOARD MEMBER		Х						0.	0.	0.
(10) KERHYL GANTT	1.00	-								
BOARD MEMBER		Х						0.	0.	0.
(11) GREGG KAPLAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TARA MONTGOMERY	1.00	-							_	
BOARD MEMBER		Х						0.	0.	0.
(13) STACEY WEXLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-	_		-					
		1								
		1								
		1								
	l	1		<u> </u>				l	l	000

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	T VII Section A. Officers, Directors, Trus	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week	box offi	not c , unle icer ar	Pos heck i ss per	ition more rson i	than is both	n an	Reportable compensation from	Reportable compensation from related	on d	ar	stimate nount other	of
		(list any hours for related	ee or director	stee			nsated		the organization (W-2/1099-MISC/	organization (W-2/1099-MIS 1099-NEC)	SC/	f	npensa rom th janizat	е
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			1	d relat anizati	
						×	1 0							
1b	Subtotal								526,646.		0.		32,	793.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	526,646.		0.		0. 32,793.	
2	Total number of individuals (including but recompensation from the organization							o re	eceived more than \$100,	000 of reportable	Э			3
													Yes	No
3	Did the organization list any former officer			кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ner compensation from t	he organization		3		
•	and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes, " con	nplete Schedule	e J f	or su	ıch ı	oers	on					5		Х
	ction B. Independent Contractors	managet ad inc	lana	ndo	nt 0.0				not received more than \$	1100 000 of com		tion fr		
1	Complete this table for your five highest co the organization. Report compensation for										Jensa	LIOITIII	OIII	
	(A) Name and business		NO						(B) Description of s		C	(Compe	C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	d to		se lis 0	ted	above) who received mo	ore than				

Form 990 (2021)

Part VIII

Statement of Revenue

		Check if Schedule O	contair	ns a respons	se or note to any lir	ne in this Part VIII			
					-	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b					1			
ဇ် မြ		Fundraising events				-			
fts, r A		Related organizations				-			
ig ig		Government grants (contri			231,600.	-			
Sin		All other contributions, gifts,			202,000.	-			
e E	'	similar amounts not included		1 1	1,062,414.				
έĐ					1,002,414.	-			
o d	g					1,294,014.			
O a	<u>n</u>	Total. Add lines 1a-1f			Business Code	1,234,014.			
	_								
<u>:</u>	2 a								
er.	b				-				
n S en	С				_				
ran Sev	d				_				
Program Service Revenue	е				-				
۵	f	All other program service							
\rightarrow	g	Total. Add lines 2a-2f							
	3	Investment income (include	ling div	vidends, inte	erest, and				
		other similar amounts)				105,839.			105,839.
	4	Income from investment of	of tax-e	xempt bond	l proceeds				
	5	Royalties	·····		.				
			L	(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)			>				
	7 a	Gross amount from sales of		(i) Securities	s (ii) Other				
		assets other than inventory	7a	325,47	7. 2,532.				
	b	Less: cost or other basis							
ē		and sales expenses	7b		1,582.				
eu	С	Gain or (loss)		325,47	7. 950.				
Revenue		Net gain or (loss)				326,427.			326,427.
ther		Gross income from fundraising							
₽		including \$	•	`					
		contributions reported on							
		Part IV, line 18		′ I	За				
	b	Less: direct expenses		I	3b				
		Net income or (loss) from		· · · · · · · · · · · · · · · · · · ·	•				
		Gross income from gamin		· ·					
		Part IV, line 19			Эа				
	h	Less: direct expenses		I	9b	1			
		Net income or (loss) from		<u>-</u>	•				
		Gross sales of inventory, I							
	u	and allowances			0a				
	h	Less: cost of goods sold		I	0b	-			
		Net income or (loss) from							
-+	<u> </u>	THE INCOME OF (1055) HOME	Jaies C	or inventory	Business Code				
ns	11 a								
e e						1			
Miscellaneous Revenue	b					1			
Sce	C C					 			
Ξ		All other revenue				+			
		Total. Add lines 11a-11d				1,726,280.	0.	0.	432,266.
	12	Total revenue. See instruction	лιѕ			1,140,400.	١ ٠٠	ı .	434,400.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	450,000.	450,000.		
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	176,850.	118,353.	43,936.	14,561.
6	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	17,373.	4,661.	4,684.	8,028.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,703.	1,128.	325.	250.
9	Other employee benefits	4,385.	2,696.	998.	691.
10	Payroll taxes	14,491.	9,176.	3,613.	1,702.
11	Fees for services (nonemployees):				
а	Management	11. 500			
b	Legal	11,689.	7,069.	3,620.	1,000.
	Accounting	31,330.		31,330.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	02.000		02.000	
f	Investment management fees	23,902.		23,902.	
g	Other. (If line 11g amount exceeds 10% of line 25,	142 000	05.040	06.241	00.600
	column (A), amount, list line 11g expenses on Sch 0.)	143,990.	95,049.	26,341.	22,600.
12	Advertising and promotion	20.076	265	0.201	20 420
13	Office expenses	39,076.	265.	8,381.	30,430.
14	Information technology	6,120.	2,843.	3,277.	
15	Royalties	15 704	4,173.	7,602.	3,929.
16	Occupancy	15,704.	182.	144.	3,323.
17	Travel	320.	102.	144.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2,636.		2,636.	
22		1,695.		1,695.	
23	Other expenses. Itemize expenses not covered	1,055.		1,055.	
24	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.)				
2	LICENSES/SUBSCRIPTIONS	31,257.	18,732.	6,879.	5,646.
b		,	,,	-,	
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	972,527.	714,327.	169,363.	88,837.
26	Joint costs. Complete this line only if the organization	, 1	,	, 1	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			I		E 000 (2224)

Form 990 (2021) Part X Balance Sheet

Pal	τx	Balance Sneet					
		Check if Schedule O contains a response or	note to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			271,573.	1	390,618.
	2	Savings and temporary cash investments			221,184.	2	854,075.
	3	Pledges and grants receivable, net			72,500.	3	0.
	4	Accounts receivable, net			14,558.	4	15,015.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial contrib	outor, or 35%			
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri	bed in section 4	.958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				26,046.	9	3,167.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	20,913.			
	b			20,913.	5,166.	10c	0.
	11	Investments - publicly traded securities			4,456,533.	11	3,622,658.
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			6,715.	15	0.
	16	Total assets. Add lines 1 through 15 (must			5,074,275.	16	4,885,533.
	17	Accounts payable and accrued expenses			101,539.	17	19,257.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or f	ormer officer, di	rector,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial contril	outor, or 35%			
abi		controlled entity or family member of any of	these persons			22	
=	23	Secured mortgages and notes payable to un	related third par	ties		23	
	24	Unsecured notes and loans payable to unrel	ated third partie	s	231,600.	24	0.
	25	Other liabilities (including federal income tax	, payables to rela	ated third			
		parties, and other liabilities not included on I	ines 17-24). Con	nplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			333,139.	26	19,257.
		Organizations that follow FASB ASC 958,	check here 🕨	X			
ces		and complete lines 27, 28, 32, and 33.					
<u>la</u> n	27				4,668,636.	27	4,866,276.
Ва	28	Net assets with donor restrictions			72,500.	28	0.
ဋ		Organizations that do not follow FASB AS	C 958, check h	ere 🕨 🔲			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S.	29	Capital stock or trust principal, or current fur				29	
set	30	Paid-in or capital surplus, or land, building, o	r equipment fun	dL		30	
t As	31	Retained earnings, endowment, accumulate				31	
Š	32	Total net assets or fund balances			4,741,136.	32	4,866,276.
	33	Total liabilities and net assets/fund balances			5,074,275.	33	4,885,533.

Form **990** (2021)

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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	,726,	280.
2	Total expenses (must equal Part IX, column (A), line 25)	2		972,	527.
3	Revenue less expenses. Subtract line 2 from line 1	3		753,	753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,741,	136.
5	Net unrealized gains (losses) on investments	5		-628,	613.
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	4	,866,	276.
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 on Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 k	oasis,			
	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 a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	le Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** BRIGHT PINK NFP 51-0619889 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
ı	nembership fees received. (Do not						
i	nclude any "unusual grants.")	3,416,836.	2,863,837.	339,619.	1,824,329.	1,294,014.	9,738,635.
2	ax revenues levied for the organ-						
i	zation's benefit and either paid to						
(or expended on its behalf						
3	he value of services or facilities						
1	urnished by a governmental unit to						
1	he organization without charge						
4	Total. Add lines 1 through 3	3,416,836.	2,863,837.	339,619.	1,824,329.	1,294,014.	9,738,635.
5	The portion of total contributions						
ŀ	by each person (other than a						
Ç	governmental unit or publicly						
5	supported organization) included						
(on line 1 that exceeds 2% of the						
á	amount shown on line 11,						
(column (f)						1,341,245.
6 I	Public support. Subtract line 5 from line 4.						8,397,390.
Sect	ion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 /	Amounts from line 4	3,416,836.	2,863,837.	339,619.	1,824,329.	1,294,014.	9,738,635.
8 (Gross income from interest,						
(dividends, payments received on						
5	securities loans, rents, royalties,						
	and income from similar sources	109,739.	137,738.	82,199.	85,681.	105,839.	521,196.
	Net income from unrelated business						
á	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,511.	3,610.	10,227.	1,000.		16,348.
	Total support. Add lines 7 through 10			·			10,276,179.
	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	
	First 5 years. If the Form 990 is for th	·='				01(c)(3)	
	organization, check this box and stop	•					
	ion C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	81.72 %
15 I	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	82.46 %
	33 1/3% support test - 2021. If the c					ore, check this box	and
;	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b :	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	neets the facts-and-circumstances te			-			
	10% -facts-and-circumstances test	-	-	*	-		
	nore, and if the organization meets th	ū				•	
			•		•		
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶Ш

Schedule A (Form 990) 2021 BRIGHT PINK NFP Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021 BRIGHT PINK NFP 51-0619889 Page **4**

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.)

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
_		
9a		
9b		
9с		
10a		
10b		

	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 on 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	_		
800	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structioi	1	No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	NO
а				
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	-u		
J	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.	2b		
3	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.

BRIGHT PINK NFP

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

За

 Schedule A (Form 990) 2021
 BRIGHT PINK NFP
 51-0619889
 Page 6

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m			
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
	enance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(expla	in in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
$\overline{}$	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D -	Distributions		_		Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualifi	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which the	e organization is responsive			
		de details in Part VI). See instructions.			8	
		outable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distrib	utable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
	From 2					
	From 2					
		of lines 3a through 3e				
		d to underdistributions of prior years				
		d to 2021 distributable amount				
<u> </u>		over from 2016 not applied (see instructions)				
		nder. Subtract lines 3g, 3h, and 3i from line 3f.				
4		outions for 2021 from Section D,				
	line 7:	d to underdistributions of prior years				
		d to 2021 distributable amount				
		nder. Subtract lines 4a and 4b from line 4.				
		ning underdistributions for years prior to 2021, if				
_		ubtract lines 3g and 4a from line 2. For result greater				
	•	ero, explain in Part VI. See instructions.				
6		ning underdistributions for 2021. Subtract lines 3h				
	and 4	o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7	Exces	s distributions carryover to 2022. Add lines 3j				
	and 4	o				
8	Break	down of line 7:				
а	Exces	s from 2017				
b	Exces	s from 2018				
С	Exces	s from 2019				
d	Exces	s from 2020				
е	Exces	s from 2021				

Schedule A (Form 990) 2021

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 and 2; Part IV, Section D, lines 1 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2017 AMOUNT: \$ 1,511.
2018 AMOUNT: \$ 3,610.
2019 AMOUNT: \$ 10,227.
2020 AMOUNT: \$ 1,000.
SCHEDULE A, PART II, SUPPORT SCHEDULE:
COLUMN C REPRESENTS A SHORT YEAR PERIOD FOR 01/01/2020 - 07/31/2020.

Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

BRIGHT PINK NFP

51-0619889

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigset*

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

51-0619889

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$215,283.	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions \$44,016.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$122,764.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$ 231,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

51-0619889

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		i *	i .

Name of or	rganization		Employer identification number	r
BRIGHT P	INK NFP		51-0619889	
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.)	ar
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				- - -
-		(e) Transfer of gi	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	_
(a) No.				<u>-</u>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gi	ift	- - —
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_
				<u>-</u>
		(e) Transfer of gi	ft	
_	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee	
				<u>-</u>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<u>-</u>
	Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee	
	mansieree s name, auuress, al	M &IF T T	nelauonamp or transferor to transferee	 - -
				_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Bubble

Open to Public Inspection

Name of the organization

Employer identification number

BRIGHT PINK NFP 51-0619889 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2021 BRIGHT PINK	NFP					51-061	.9889	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other S	imilar	Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	t make sign	ificant ι	se of its	,	
	collection items (check all that apply):								
а	Public exhibition	c	I Loan or e	xchange progr	am				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	on's exempt	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, historical tre	easures, or othe	er similar as	sets		_	
ъ.	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organiza	tion answered	"Yes" on Fo	rm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•					_	
	on Form 990, Part X?						L	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
	Did the organization include an amount on Fo					?	L	_ Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII .				
Par	t V Endowment Funds. Complete it					. Tl			
	•	(a) Current year	(b) Prior year	(c) Two yea	rs dack (d) Three y	ears back	(e) Four	years back
	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:					
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentage and a should be contaged and a should be contaged and a should be contage	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administe	red for the o	organiza	ation	Г	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	$-\!\!+\!\!-\!\!\!-$
	(ii) Related organizations							3a(ii)	$-\!\!+\!\!-\!\!\!-$
b	If "Yes" on line 3a(ii), are the related organiza			?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm		N Doublik line dde	C F 000	N David V III.a	- 10			
	Complete if the organization answered						. 1	, n –	
	Description of property	(a) Cost or o		ost or other	(c) Acci		ed	(d) Book	value
		basis (investr	nent) Das	is (other)	depre	ciation			
	Land								
	Buildings								
	Leasehold improvements			20 913.		20	012		0 -
- 4	Equipment			20 913		20	7 I 7 I		U

Schedule D (Form 990) 2021

0.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

51-0619889	Page 3

(a) Description of	nplete if the organization answered "Yes" Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
		(b) Book value	(c) Method of Valuation. Cost of en	d-or-year market value
) Financial deri				
	equity interests			
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	st equal Form 990, Part X, col. (B) line 12.)			
Part VIII Inv	estments - Program Related.			
Com	nplete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) mus	st equal Form 990, Part X, col. (B) line 13.)			
Part IX Oth	ner Assets.			
Com	nplete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(0)				
(4)				
• •				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	⊋ 1 5.)	>	
(4) (5) (6) (7) (8) (9) fotal. (Column (b	ner Liabilities.			
(4) (5) (6) (7) (8) (9) Total. (Column (b	ner Liabilities. Inplete if the organization answered "Yes"			
(4) (5) (6) (7) (8) (9) (otal. (Column (b) Part X Oth	ner Liabilities.			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth	ner Liabilities. Inplete if the organization answered "Yes"			
(4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth Com	ner Liabilities. Applete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) (otal. (Column (b) Part X Oth Com . (1) Federal in	ner Liabilities. Applete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) (otal. (Column (b) Part X Oth Com . (1) Federal in (2)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Oth Com . (1) Federal in (2) (3)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth Com . (1) Federal in (2) (3) (4)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Oth Com (1) Federal in (2) (3) (4) (5)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Oth Com (1) Federal in (2) (3) (4) (5) (6)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			
(4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Oth Com (1) Federal in (2) (3) (4) (5) (6) (7)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability			

51-0619889 Page 4

1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total revenue, gains, and other support per audited financial statements			1	1,073,765
2				1	1,075,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا	-628,613.		
a	Net unrealized gains (losses) on investments		020,013.		
b	Donated services and use of facilities Recoveries of prior year grants				
d	011 (5 11 : 5 1)(11)				
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	-628,613
3	Subtract line 2e from line 1			3	1,702,378
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,902.		
b	Other (Describe in Part XIII.)		,		
c	Add lines 4a and 4b			4c	23,902
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.			5	1,726,280
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With I	xpenses per F	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	948,625
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	948,625
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	23,902.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,902
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. TXIII Supplemental Information.	8.)		5	972,527
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional illionna	uon.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** 51-0619889 BRIGHT PINK NFP Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) TO PILOT A NEW SUSAN G. KOMEN FAITH-BASED INITIATIVE TO 13770 NOEL RD, STE 801889 REACH MORE DEEPLY INTO 75-1835298 501(C)(3) DALLAS, TX 75380 0 THE BLACK COMMUNITY 150,000. TO DEVELOP AND IMPLEMENT TOUCH THE BLACK BREAST CANCER A MULTI-PRONGED CULTURALLY RELEVANT ALLIANCE - 1011 BAY RIDGE AVE -20-5492539 501(C)(3) 0. COMMUNICATION CAMPAIGN ANNAPOLIS MD 21403 150,000 TO EXPAND THE PALS FORCE: FACING OUR RISK OF CANCER PROGRAM BY RECRUITING. EMPOWERED - 16057 TAMPA PALMS BLVD, W, PMB #373 - TAMPA, FL TRAINING, AND EQUIPPING A 65-0927702 501(C)(3) DIVERSE COHORT OF PATIENT 33647 100,000 0 TO DEVELOP AND IMPLEMENT NUEVA VIDA DE MADRES A HIJAS AN 801 N PITT STREET #113 INTTIATIVE FOR 1ST 54-1943145 501(C)(3) GENERATION LATINA MOTHERS ALEXANDRIA VA 22314 50 000 0. 4. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021 BRIGHT PINK NFP 51-0619889 Page **2**

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
MONITORING IS PERFORMED THROUGH MONTHLY MEETINGS W	ITH GRANTEES	AND REGULAR			
REVIEW OF PROGRAM AND FINANCIAL DOCUMENTATION RELATION	FING TO THE G	RANT.			
MONITORING MAY ALSO INCLUDE ON-SITE VISITS TO GRAN	rees.				
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT: SUSAN G. KOMEN					
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PILOT A NEW	FAITH-BASED				
INITIATIVE TO REACH MORE DEEPLY INTO THE BLACK COM	MUNITY, BUILD	1			

Schedule I (Form 990) 2021

BRIGHT PINK NFP 51-0619889 Schedule I (Form 990) Page 2 Part IV | Supplemental Information UNDERSTANDING OF FAMILY HEALTH HISTORY AND RISK, AND CONNECT FAMILIES TO LIFE-SAVING RESOURCES AND CARE. NAME OF ORGANIZATION OR GOVERNMENT: TOUCH, THE BLACK BREAST CANCER ALLIANCE (H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT A MULTI-PRONGED. CULTURALLY RELEVANT COMMUNICATION CAMPAIGN FOCUSED ON HELPING TO EDUCATE AND EMPOWER YOUNG BLACK WOMEN TO BE PROACTIVE WITH THEIR BREAST HEALTH. NAME OF ORGANIZATION OR GOVERNMENT: FORCE: FACING OUR RISK OF CANCER EMPOWERED (H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE PALS PROGRAM BY RECRUITING, TRAINING, AND EQUIPPING A DIVERSE COHORT OF PATIENT ADVOCATES TO BREAK DOWN BARRIERS TO PREVENTATIVE CARE AT THE STATE LEVEL. NAME OF ORGANIZATION OR GOVERNMENT: NUEVA VIDA (H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT DE MADRES A HIJAS, AN INITIATIVE FOR 1ST GENERATION LATINA MOTHERS AND THEIR 2ND GENERATION LATINA DAUGHTERS TO INCREASE KNOWLEDGE OF HEREDITARY BREAST AND OVARIAN CANCER AND INSPIRE ACTION.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

BRIGHT PINK NFP

Part I Questions Regarding Compensation

Employer identification number 51-0619889

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 BRIGHT PINK NFP 51-0619889 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GINNY EHRLICH	(i)	152,596.	0.	7,135.	4,777.	5,679.	170,187.	0.
CEO THRU 05/21	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSICA RICHMOND	(i)	112,500.	10,000.	21,360.	3,075.	9,148.	156,083.	0.
VP GROWTH & PRODUCT THRU 10/21	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TRACI DAWODU	(i)	114,596.	10,000.	20,959.	3,116.	6,998.	155,669.	0.
VP FINANCE & OPS THRU 10/21	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

BRIGHT PINK NFP 51-0619889 Schedule J (Form 990) 2021 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 4A: JESSICA RICHMOND RECEIVED A SEVERANCE PAYMENT OF \$16,500 WHEN HER EMPLOYMENT WAS TERMINATED ON OCTOBER 31, 2021. TRACI DAWODU RECEIVED A SEVERANCE PAYMENT OF \$12,500 WHEN HER EMPLOYMENT WAS TERMINATED ON OCTOBER 31, 2021. PART I, LINE 7: THE RETENTION BONUSES WERE DETERMINED AT THE DISCRETION OF THE BOARD OF DIRECTORS AND LEGAL COUNSEL.

SCHEDULE O (Form 990)

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.

Employer identification number

51-0619889

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BRIGHT PINK NFP

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

FORM 990, PART I, LINE 6: VOLUNTEERS SERVE IN AN ADVISORY CAPACITY ON OUR GOVERNING BOARD OF DIRECTORS. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN NOVEMBER 2021, BRIGHT PINK ANNOUNCED THAT AFTER A COMPREHENSIVE NATIONAL SEARCH, DANAFARBER CANCER INSTITUTE, HARVARD MEDICAL SCHOOL'S TEACHING HOSPITAL, WAS SELECTED AS THE ORGANIZATION TO ACQUIRE STEWARD, AND EXPAND THE IMPACT OF BRIGHT PINK MOVING FORWARD. BRIGHT PINK NOW FOCUSES ITS ASSETS ON MAXIMIZING THE IMPACT OF INVESTMENTS MADE THROUGH ITS VENTURE PHILANTHROPY FUND BY DEEPENING THE REACH AND IMPACT OF THE MOST CUTTING-EDGE INTERVENTIONS IN ORDER TO REDUCE DISPARITIES AND SAVE MORE LIVES. FORM 990, PART VI, SECTION A, LINE 2: LINDSAY AVNER AND GREGG KAPLAN HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS FIRST REVIEWED BY THE FINANCE AND AUDIT COMMITTEE, AND THEN IS PRESENTED TO THE FULL BOARD FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND EMPLOYEES OF BRIGHT PINK ARE PROVIDED A REFRESHER ON THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL THEY ARE ASKED TO DISCLOSE WHETHER THEY ARE AWARE OF ANY POTENTIAL BASIS. RELATED PARTY TRANSACTION OR RELATIONSHIP IN A QUESTIONNAIRE DESIGNED TO

Schedule O (Form 990) 2021 Page **2**

Name of the organization BRIGHT PINK NFP	Employer identification num
HELP IDENTIFY ENGAGEMENTS THAT WOULD RESULT IN A CONFLICT OF INTEREST. IN	
THE EVENT THAT A CONFLICT OF INTEREST IS IDENTIFIED, THE RESPONDENT OF THE	
QUESTIONNAIRE IS REQUIRED TO DISCLOSE THE DETAIL OF THE ENGAGEMENT	
RESULTING IN SUCH CONFLICT, WHICH WILL BE REVIEWED BY OUR INDEPENDENT	
COMPLIANCE OFFICER FOLLOWED BY A CORRECTIVE COURSE OF ACTION TO ELIMINATE	
IDENTIFIED CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER WAS DETERMINED AND APPROVED)
BY THE BOARD OF DIRECTORS USING NATIONAL NONPROFIT EXECUTIVE COMPENSATION	
DATA OBTAINED FROM PUBLICLY AVAILABLE SOURCES. THE COMPENSATION WAS	
SUBSTANTIATED WITH REAL-TIME MARKET INTELLIGENCE FROM AN EXECUTIVE SEARCH	
FIRM. THIS PROCESS WAS LAST UNDERTAKEN IN MAY OF 2021.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN	
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
REGULATORY FILING COMPLIANCE:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 2,825.	
FUNDRAISING EXPENSES 0.	•
TOTAL EXPENSES 2,825.	•
CONSULTING:	
PROGRAM SERVICE EXPENSES 95,049.	
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Name of the organization BRIGHT PINK NFP		Employer identification number
MANAGEMENT AND GENERAL EXPENSES	21,653.	•
FUNDRAISING EXPENSES	16 800	
TOTAL EXPENSES	133,502.	
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	E 900	
TOTAL EXPENSES		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	143,990.	

Schedule O (Form 990) 2021