Form	<u>990</u>
Form	<b>JJU</b>

## \*\* 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)

▶ 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.



AF	or the	2020 calendar year, or tax year beginning AUG 1, 2020 and	ending JU	L 31, 2021								
B C a	heck if oplicable	C Name of organization		D Employer identif	fication number							
X	Addres change	S BRIGHT PINK NFP										
-	Name change			51-0619889	)							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	Final return/	2045 W GRAND AVE STE B	54599	312-787-441	2							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,042,892.							
	Amend return	CHICAGO, IL 60612		H(a) Is this a group	return							
	Applica tion	F Name and address of principal officer: DINDSAL AVNER		for subordinate	es? Yes X No							
	pending	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No							
		mpt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. See instructions							
		e: WWW.BRIGHTPINK.ORG		H(c) Group exempti	on number 🕨							
		organization: X Corporation Trust Association Other	L Year o	of formation: 2007	M State of legal domicile: IL							
Ра		Summary										
Ð		Briefly describe the organization's mission or most significant activities:		PS TO SAVE								
anc	-	WOMEN'S LIVES FROM BREAST AND OVARIAN CANCER BY EMPOWERING WO										
Governance		Check this box if the organization discontinued its operations or dispos	ed of more	1	1							
0 V				<u>3</u>								
ي م		Number of independent voting members of the governing body (Part VI, line 1b) $\ $										
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)										
ivit		Total number of volunteers (estimate if necessary)		_	-							
Act												
	bi	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>									
		Contributions and months (Dout ) (III line 16)		Prior Year 339,619	Current Year 1,824,329.							
ne		Contributions and grants (Part VIII, line 1h)		0.	, ,							
Revenue		Program service revenue (Part VIII, line 2g)		255,880								
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,227								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		605,726	,							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0								
		Benefits paid to or for members (Part IX, column (A), line 4)		0								
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		845,434								
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	, ,							
ben		Total fundraising expenses (Part IX, column (D), line 25)										
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		803,002	. 700,015.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,648,436	2,169,147.							
		Revenue less expenses. Subtract line 18 from line 12		-1,042,710								
or		· · · · · · · · · · · · · · · · · · ·		inning of Current Year	End of Year							
Assets d Balanc	20	Total assets (Part X, line 16)		4,752,605								
ASS		Total liabilities (Part X, line 26)		409,830	. 333,139.							
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,342,775	4,741,136.							
Pa	rt II	Signature Block										

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	24A-			June 6, 2022		
Sign	Signature of officer			Date		
Here	LINDSAY AVNER, FOUNDER & CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	MEGAN R. RYAN	MEGAN R. RYAN	06/06/20	022 self-employe	<sub>d</sub> ₽00737884	
Preparer	Firm's name CLARK NUBER, PS			Firm's EIN 🕨	91-1194016	
Use Only	Firm's address 🕨 10900 NE 4TH STREET, SUI	TE 1400				
	BELLEVUE, WA 98004			Phone no.425-	454-4919	
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions			X Yes	No
032001 12-23	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	(2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) BRIGHT PINK NFP	51-0619889	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		r ugo
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	BRIGHT PINK NFP (BRIGHT PINK) IS A NATIONAL NOT-FOR-PROFIT CORPORATION		
	THAT WAS INCORPORATED IN 2007 IN ILLINOIS. BRIGHT PINK HELPS TO SAVE		
	WOMEN'S LIVES FROM BREAST AND OVARIAN CANCER BY EMPOWERING WOMEN TO		
	KNOW THEIR RISK AND MANAGE THEIR HEALTH PROACTIVELY. BRIGHT PINK AIMS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	·····	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X	Yes No
Ŭ	If "Yes," describe these changes on Schedule O.	····· ــــ	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expent	503, and
4a	(Code:) (Expenses \$ 780, 202. including grants of \$) (Revenue	¢	)
чa	AUDIENCE ENGAGEMENT: ACTIVITIES THAT DRIVE GENERAL AWARENESS OF BRIGHT	Φ	)
	PINK, BREAST AND OVARIAN HEALTH, AND WHY KNOWING YOUR RISK IS		
	IMPORTANT.		
	IMPORTANT.		
4b		\$	)
	RISK KNOWLEDGE AND BEHAVIOR: ACTIVITIES THAT HELP WOMEN TO KNOW THEIR		
	BREAST AND OVARIAN CANCER RISK, DRIVE THEM TO ASSESS THEIR RISK, AND		
	TAKE RISK MITIGATING ACTIONS.		
4c	(Code:) (Expenses \$121,936. including grants of \$) (Revenue	\$	)
	HEALTHCARE ENGAGEMENT: CASE-BASED LEARNING MODULES DESIGNED TO ENGAGE		
	AND TRAIN WOMEN'S HEALTH PROVIDERS TO STRATIFY AND MANAGE BREAST AND		
	OVARIAN CANCER RISK IN YOUNG WOMEN, AND PRINTED PATIENT EDUCATION		
	MATERIALS DESIGNED TO HELP WOMEN COLLECT THEIR FAMILY HEALTH HISTORY		
	AND HAVE MEANINGFUL CONVERSATIONS WITH THEIR HEALTHCARE PROVIDERS.		
4d	Other program services (Describe on Schedule O.)		
-tu		١	
40		)	
40	Total program service expenses 1,506,702.		000 (*****

Form	990 (2020) BRIGHT PINK NFP 51-061988	39	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Pa	rt 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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
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	200		
20	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,	20		
21	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
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
28				
-	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c 29		x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			┍└──
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ומ		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

BRIGHT PINK NFP

Form	990 (2020) BRIGHT PINK NFP 51-061988	9	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form		1-0619889		age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?		х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisi	on		
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<u>10b</u>	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х	
10	in Schedule O how this was done	<u>12c</u>		
13	Did the organization have a written whistleblower policy?		X X	
14 15	Did the organization have a written document retention and destruction policy?		21	
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
			x	<u> </u>
D.	Other officers or key employees of the organization	100		L
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatio			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?			
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, DE, DC, FL, GA, HI, M	Е, МО		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section		availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		cial	
	statements available to the public during the tax year.	-		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶		
	TRACI DAWODU - 312-787-4412			
	2045 W GRAND AVE STE B #54599, CHICAGO, IL 60612			

Form 990 (2	020) BRIGHT PINK NFP	51-0619889	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t 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 Comple	e this table for all persons required to be listed. Report compensation for the calendar year en	ding with or within the organization's	s tax year.
● List a	of the organization's current officers, directors, trustees (whether individuals or organizations	s), regardless of amount of compens	ation.
Enter -0- in o	olumns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	) than (		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolq r	t con	_			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GINNY EHRLICH	45.00	_	_			<u> </u>				
CEO (THRU 05/21)		1		х				222,105.	0.	10,239.
(2) TRACI DAWODU	45.00									
VP FINANCE & OPERATIONS				х				132,592.	0.	11,394.
(3) JESSICA RICHMOND	45.00									
VP GROWTH & PRODUCT				х				133,543.	0.	7,274.
(4) KATIE THIEDE	0.00									
FORMER CEO (THRU 12/19)							Х	110,323.	0.	0.
(5) JANET FOUTTY	1.00									
BOARD CHAIR		Х		х				٥.	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) LINDSAY AVNER	20.00									
FOUNDER & CEO (FROM 06/21)		Х		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						٥.	0.	0.
(13) STACEY WEXLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
										000

Form 990 (2020) BRIGHT PINK N	IFP								51-06	1988	9	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box,	not c , unles	ss per	ition more rson is	than c s both r/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n		<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa rom th janizat d relat anizati	ie tion ted
1b Subtotal								598,563.		0. 0.		28,	907. 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								598,563.		0.		28,	907.
2 Total number of individuals (including but ne							o re		000 of reportable			,	
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>											3	X	
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		х
Section B. Independent Contractors 1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100.000 of comr	pensa	tion fro	om	
the organization. Report compensation for t		•							· ·			C)	
Name and business	address	NO	NE				_	Description of s	ervices	C		nsatio	'n
							_						
2 Total number of independent contractors (ir \$100,000, of compensation from the organiz		ot lin	nitec	d to t		se list	ted	above) who received mo	ore than				

	t VII			PINK NFP					51-061988	9 Pag
		Check if Schedule O	conta	ains a respo	onse	or note to any line	in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluc
ŝ	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
ľ		Fundraising events								
ar A		Related organizations								
mi		Government grants (cont				230,680.				
Š	f	All other contributions, gifts,	, grant	ts, and						
the		similar amounts not include	d abov	/e <b>1f</b>		1,593,649.				
0 D	g	Noncash contributions included in	n lines 1	1a-1f <b>1g</b>	\$	10,502.				
an	h	Total. Add lines 1a-1f				►	1,824,329.			
						Business Code				
	2 a									
Ð	b									
enu	С							ļ		
Revenue	d									
	е									
		All other program service								
		Total. Add lines 2a-2f								
	3	Investment income (inclu	•				05 604			
		other similar amounts)					85,681.			85,68
	4	Income from investment								
	5	Royalties								
	_			(i) Rea		(ii) Personal				
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss)	<b>6</b> C							
		Net rental income or (loss	·	(i) Securit						
	7 a	Gross amount from sales of				(ii) Other 5 , 790 .				
	L.	assets other than inventory Less: cost or other basis	7a	120,0	. 20	5,750.				
,	a	and sales expenses	7b		Ο.	5,150.				
	~	Gain or (loss)	70 7c							
		Net gain or (loss)					126,732.			126,73
5		Gross income from fundrais								
	0 4	including \$								
		contributions reported or								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts	►				
		Gross income from gami								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	►				
•	10 a	Gross sales of inventory,	less i	returns						
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of invento	ry	<b>&gt;</b>				
						Business Code				
e	11 a	REIMBURSEMENTS				900099	1,000.	ļ		1,00
evenue	b							ļ		
Sev	С									
4	d	All other revenue								
						🕨	1,000.			

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	538,423.	319,551.	142,229.	76,643.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	110,323.	93,775.	5,516.	11,032.
7	Other salaries and wages	664,646.	471,720.	81,938.	110,988.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,738.	6,581.	996.	2,161.
9	Other employee benefits	46,116.	30,991.	6,501.	8,624.
10	Payroll taxes	99,886.	67,466.	16,967.	15,453.
11	Fees for services (nonemployees):	-			
а	Management				
b	Legal	19,260.	17,613.	915.	732.
с	Accounting	29,140.		29,140.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,179.		19,179.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	290,235.	251,120.	22,124.	16,991.
12	Advertising and promotion	28,466.	28,114.		352.
13	Office expenses	56,223.	30,002.	11,719.	14,502.
14	Information technology	45,735.	30,370.	8,395.	6,970.
15	Royalties				
16	Occupancy	48,505.	32,382.	8,709.	7,414.
17	Travel	4,909.	1,903.	1,207.	1,799.
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,500.	4,125.	1,875.	1,500.
23	Insurance	8,402.	5,486.	1,607.	1,309.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				·
а	LICENSES/SUBSCRIPTIONS	142,461.	115,503.	13,346.	13,612.
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,169,147.	1,506,702.	372,363.	290,082.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOB 08-2 (ASC 058-720)				

Check here

if following SOP 98-2 (ASC 958-720)

33

Total liabilities and net assets/fund balances

	990 (i	2020) BRIGHT PINK NFP				51-	0619889 Page <b>11</b>
Pa	rt X			line in this Deck V			
		Check if Schedule O contains a response or not	e to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			362,920.	1	271,573.
	2	Savings and temporary cash investments			520,863.	2	221,184.
	3	Pledges and grants receivable, net			89,500.	3	72,500.
	4	Accounts receivable, net			15,205.	4	14,558.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net		Г		7	
	8	Inventories for sale or use				8	
As	9				34,011.	9	26,046.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	79,020.			
	b	Less: accumulated depreciation		73,854.	13,659.	10c	5,166.
	11	Investments - publicly traded securities			3,704,732.	11	4,456,533.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		11,715.	15	6,715.	
	16	Total assets. Add lines 1 through 15 (must equa			4,752,605.	16	5,074,275.
	17	Accounts payable and accrued expenses			179,150.	17	101,539.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
liti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated	•	·····	230,680.	24	231,600.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	400 930	25	222 120
	26	Total liabilities. Add lines 17 through 25	<u></u>	► <b>▼</b>	409,830.	26	333,139.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			4,255,275.	27	4,668,636.
ala	27 28	N			87,500.	27	72,500.
Б	20	Organizations that do not follow FASB ASC 9		×k here ►		20	
ЦЦ		and complete lines 29 through 33.	50, enev				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
let.	32	Total net assets or fund balances			4,342,775.	32	4,741,136.
z	33	Total liabilities and net assets/fund balances			4 752 605.	33	5 074 275.

Form 990 (2020)

5,074,275.

33

4,752,605.

Form	990 (2020) BRIGHT PINK NFP	51-061988	9	Pa	<sub>ae</sub> 12
	rt XI Reconciliation of Net Assets				2
	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	2,	,037,	742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	,169,	147.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-131,	405.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	,342,	775.
5	Net unrealized gains (losses) on investments	5		529,	766.
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,	,741,	136.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCI	HED	DUL	ΕA
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Department of the Treasury

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

ĺ	OMB No. 1545-0047
	2020
	Open to Public

Interna	Rever		Go to www.irs.gov	//Form990 for instruction	ons and th	e latest in	formation.		Inspection
Nam	e of t	the organization	PINK NFP						identification number 51-0619889
Par	tl	Reason for Public C		(All organizations must o	omolete tr	nis part ) S	ee instruction		51 0019009
		ization is not a private found							
1	<u>"ga</u> "	A church, convention of chu		<b>e</b> .			VAVi)		
2		A school described in secti					<u>//////</u>		
3		A hospital or a cooperative					i)		
4	=	A medical research organiza					•	Viii) Enter	the hospital's name
		city, and state:		junction with a nospital	accontra	iii Sectio			the hospital s hame,
5		An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a do	vernmentalu	nit describe	ad in
5		section 170(b)(1)(A)(iv). (C		lege of university owned	or operation	ca by a go	vonninentara		
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)		
7	x	An organization that normal	-					ne deneral r	oublic described in
• 1		section 170(b)(1)(A)(vi). (Co	•		onna gove			ic general j	
8		A community trust describe		1)(A)(vi) (Complete Part	· II )				
9		An agricultural research org			-	ad in coniu	nction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	fram concept of agrico			lame, ony	and state of	the conege	
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	s membersh	in fees and	d aross receipts from
		activities related to its exem	• • • •					-	•
		income and unrelated busin		-					-
		See section 509(a)(2). (Cor				oco doqui		gamzation	
11		An organization organized a	-	vely to test for public saf	etv See	section 50	9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
(		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga						-	aivina
		the supported organization		-	•	-		•••••	
		organization. You must c							1-1-2-20
b		<b>Type II.</b> A supporting orga	-		ion with its	s supporte	d organizatio	n(s). by hav	vina
		control or management of	-				•		•
		organization(s). You mus			·			•	
с		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.	, ,	
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sati	sfy a distri	ibution req	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga						II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following information			// \ I= II=====				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)
Total									

## Schedule A (Form 990 or 990 EZ) 2020 BRIGHT PINK NFP

51-0619889

Page **2** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,065,950.	3,416,836.	2,863,837.	339,619.	1,824,329.	11,510,571.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,065,950.	3,416,836.	2,863,837.	339,619.	1,824,329.	11,510,571.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,608,189.
6	Public support. Subtract line 5 from line 4.						9,902,382.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3,065,950.	3,416,836.	2,863,837.	339,619.	1,824,329.	11,510,571.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	66,735.	109,739.	137,738.	82,199.	85,681.	482,092.
9	Net income from unrelated business	,		,	,	,	
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,511.	3,610.	10,227.	1,000.	16,348.
11	<b>Total support.</b> Add lines 7 through 10		, -	, -	· · ·	, -	12,009,011.
12	Gross receipts from related activities,	etc. (see instructio	ns)	I		12	, ,
	First 5 years. If the Form 990 is for th						
	organization, check this box and <b>stop</b>	-		•			
Sec	tion C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		14	82.46 %
15	Public support percentage from 2019					15	84.85 %
16a	33 1/3% support test - 2020. If the c					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	•					-
	meets the facts-and-circumstances te			-	-	·····	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organizatio		•	. ,			
		one on other u		,,,	,		

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
	Amounts from line 6		(1) = 1 : 1	(-)	(-) =		(7
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's fi	rot occord third i	fourth or fifth toy	l	01(a)(2) area	
14	<b>First 5 years.</b> If the Form 990 is for the	0			-		·
500	check this box and stop here ction C. Computation of Publi						
	•			(f)		45	0/
	Public support percentage for 2020 (li					15	%
-	Public support percentage from 2019					16	%
	ction D. Computation of Inves					47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2						%
19a	<b>33 1/3% support tests - 2020.</b> If the						l line 1 / is not
	more than 33 1/3%, check this box an	-	•	•	••••		▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	<u></u>

(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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Yes

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ection 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.
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. Section C. Type II Supporting Organizations

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

Section 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?		
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).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uction <u>s).</u>		
	Activities Test. Answer lines 2a and 2b below.		es	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

1

2

Yes No

	(Form 990 or 990-EZ) 2020			
Part V	Type III Non-Functio	onally Integrated 509(a	a)(3) Supporting Or	ganizations

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 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. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

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 D REPRESENTS A SHORT YEAR PERIOD FOR 01/01/2020 - 07/31/2020.

## **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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## Schedule of Contributors

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

OMB No. 1545-0047



Employer identification number

I	BRIGHT PINK NFP 51-0619889			
Organization type (check	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), 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  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

	rganization		Employ	/er identification number
BRIGHT I	PINK NFP		51	-0619889
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
1		\$135,	741.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
2		\$50,	000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior		(d) Type of contribution
3		\$60,	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
4		\$100,	000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
5		\$36,	838.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
6		\$40,	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>2</b>
Name of o	rganization	Emple	oyer identification number
BRIGHT P	INK NFP	5	1-0619889
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37,179.	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
8_		\$50,000.	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
9		\$56,705.	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
		\$50,000.	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
11		\$230,680.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>3</b>
Name of c	rganization		Employer identification number
BRIGHT H	PINK NFP		51-0619889
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

Page **4** 

Name of or	rganization		Employer identification number
BRIGHT PI	INK NFP		51-0619889
Part III		) through (e) and the following line en charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	
-	Transferee's name, address, ar	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
-	Transferee's name, address, ar	(e) Transfer of gif	t 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
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relati		t 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
-		(e) Transfer of gif	
	Transferee's name, address, ar	na ZIP + 4	Relationship of transferor to transferee

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number 51-0619889

	BRIGHT PINK NFP		51-0619889
Pa	t I Organizations Maintaining Donor Advised Funds o	or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) [	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive leg	gal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in wr	riting that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose cor	nferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization ar	nswered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (for example, recreation or education or educat	ation) Preservation of a H	historically important land area
	Protection of natural habitat	Preservation of a d	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure include	led in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06	, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the or	ganization during the tax
	year ►		
4	Number of states where property subject to conservation easement is loc	ated ►	
5	Does the organization have a written policy regarding the periodic monito	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation	n easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easement	-	
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements	s that describes the
Do	organization's accounting for conservation easements.	origal Tracquirage or Othe	r Similar Acasta
Fai			a Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV		
па	If the organization elected, as permitted under FASB ASC 958, not to rep		
	of art, historical treasures, or other similar assets held for public exhibition		erance of public
	service, provide in Part XIII the text of the footnote to its financial stateme		
b	If the organization elected, as permitted under FASB ASC 958, to report i		
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N</b> .
2	If the organization received or held works of art, historical treasures, or ot	-	ain, provide
	the following amounts required to be reported under FASB ASC 958 relat	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u></u>	> \$

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

Sche	dule D (Form 990) 2020 BRIGHT PINE						51-061		Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, oi	r Other	Similar	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	e following that	make sig	nificant u	use of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	c	Loan or e	xchange progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how they further	the organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	asures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	collection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the organizat	tion answered "	'Yes" on I	orm 990-	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ons or other ass	sets not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial accor	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Yes" on	Form 990, Part	IV, line 10	).				
		(a) Current year	(b) Prior year	(c) Two year	rs back 🚺	<b>d)</b> Three y	ears back	(e) Four y	/ears t	)ack
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	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 show									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	ed for the	organiza	ation	г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza			?				3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.							
Fai				0 5 000	<b>B</b>	10				
	Complete if the organization answered						.	<u> </u>		
	Description of property	(a) Cost or c basis (investr		ost or other is (other)	• •	cumulate reciation	d	<b>(d)</b> Book	value	;
1a	Land									
	Buildings									
	Leasehold improvements			8,865.		8,	865.			٥.
d	Equipment			70,155.		64,	989.		5,1	166.
	Other									_
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line	10c.)					5,1	166.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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 end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete 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) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2020 BRIGHT PINK NFP		51-0619889	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements V	/ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,553,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	529,766.		
b	Donated services and use of facilities 21	5,000.		
с	Recoveries of prior year grants2	>		
d		k l		
е	Add lines <b>2a</b> through <b>2d</b>		2e	534,766.
3	Subtract line 2e from line 1		3	2,018,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	a 19,179.		
b	Other (Describe in Part XIII.) 4	0		
с	Add lines <b>4a</b> and <b>4b</b>		4c	19,179.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )		5	2,037,742.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,154,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	5,000.		
b		0		
с	Other losses 20	<b>&gt;</b>		
d	Other (Describe in Part XIII.)	3		
е	Add lines <b>2a</b> through <b>2d</b>		2e	5,000.
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,149,968.
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	a 19,179.		
b				
с	Add lines <b>4a</b> and <b>4b</b>		4c	19,179.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18.)		5	2,169,147.
Pa	rt XIII Supplemental Information.		•	

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

SCHEDULE J (Form 990)       Compensation Information       Double if the organization answerd "Yes" on Form 990, Part IV, line 23. <ul> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 23. <ul> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 23. <ul> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 23. <ul> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 23. <ul> <li>Content of the Treasmy memory instructions and the latest information.</li> <li>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.</li> <li>First class or charter travel</li> <li>Part Companions</li> <li>Part of the companions of all of the expenses described above? If "No," complete Part III to explain 1</li> <li>Discretionary spending account</li> <li>Personal services (such as maid, chauffeur, chef)</li> <li>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</li> <li>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.</li> <li>Oppensation companization</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a co</li></ul></li></ul></li></ul></li></ul></li></ul>
Department of the Ireasury International Depart IV, line 23. Inspection   Department of the Ireasury Internation Depart IV, line 23. Inspection   Name of the organization   Name of the organization   BEIGHT PINK NFP   Encloyer identification number 51-0619889   Part I Questions Regarding Compensation   Image of the organization requires the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.   Image of the organization requires the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.   Image of the organization and gross-up payments   Image of the organization and gross-up payments   Image of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the organization to establish the organization's CEO/Executive Director, but explain In Part III.   Incloate which, if any, of the following the organization used to establish the compensation orther organization to establish the compensation committee   Image of the organization consultant   Image of the organization organization set to establish the compensation orther organization to establish the compensation committee   Image of the organization organization set to establish the compensation orther organization to establish compensation committee   Image of the organization organization set to establish the compensation committee   Image of the organ
Department of the Transport         Open to Fublic Inspection           Name of the organization         BRIGHT PINK NPP         Employer identification number \$1-0619893           Part I         Questions Regarding Compensation         Employer identification number \$1-0619893           Part I         Questions Regarding Compensation         Employer identification number \$1-0619893           Image: Compensation Regarding Compensation         Yes         No           Image: Compensation requires the compensation and grossup payments         Health or social colub dues or initiation fees         Image: Compensation requires the compensation fees           Image: Compensation requires ubstantiation provided any of the following to or for a person itsed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Compensation requires ubstantiation provided any of the following to or for a person itseld on Form 990, Part VII, Section and grossup payments         Health or social club dues or initiation fees           Discretionary spending account         Personal services (such as maid, chauffeur, chef)         Ib         Ib         Ib         Ib           2         Indicate which, if any, of the following the organization used to establish the compensation of the corganization to establish compensation committee         Ib         Ib         Ib         Ib           3         Indicate which, if any, of the following the organization used to establish the compensation orthe c
Name of the organization       Employer identification number 51-0619889         Part I       Questions Regarding Compensation         Image of the organization       Yes         Image of the organization       Yes         Image of the organization       Yes       No         Image of 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.       Yes       No         Image of the organization and gross-up payments       Image of the organization and gross-up payments       Image of the organization follow any of the following expenses incurred by all directors, trustees, and officers, including the cepo/Executive Director, regarding the items checked on line 1a?       1b       2         Image of the organization committee       Image of the organization to establish the compensation of the organization to establish compensation consultant       Compensation of the CEO/Executive Director, but explain in Part III.       2         Indicate which, if any, of the following the organization used to establish the compensation committee       Image of the organization to establish compensation consultant       Compensation survey or study       2       4a       X         Independent compensation consultant       Compensation survey or study       X       Approval by the board or compensation committee       4b       X         Independent compensation consultant       Comp
BRIGHT PINK NFP       51-0619889         Part1       Questions Regarding Compensation         Ia       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.       Ves       No         Image: Travel for companions       Payments for business use of personal residence       Image: Travel for companions       Travel for companication       Image: Travel for compani
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Prist-class or charter travel       Housing allowance or residence for personal use       Payments for business use of personal residence         Taxel for companions       Payments for business use of personal residence       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, cheft)       Ib         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       Ji dit de 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 CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       1rdependent compensation consultant       Compensation survey or study <tr< th=""></tr<>
1       Concernment       Yes       No         1a       Check the appropriate box(e) 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.       Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Section A, line 1a. Complete Part III to explain to social club dues or initiation fees       Image: Section A, line 1a. Complete Part III to explain       Image: Section A, line 1a, are checked, did the organization follow a written policy regarding payment or reimbursement or provision or all of the expenses described above? If "No," complete Part III to explain       Image: Section A, line 1a, are checked, did the organization regarding the items checked on line 1a?       Image: Section A, line 1a, and officers, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Section A, line 1a, Section A, line 1a, With respect to the organization to establish compensation committee       Image: Section A, line 1a, with respect to the filing organization receive payment from a supplemental nonqualified retirement plan?       Image: Section A, line 1a, with respect to the filing regarization in Part III.       Image: Section Source A, line 1a, with respect to the filing regarization in receive payment from a supplemental nonqualified retirement plan?       Image: Section A, line 1a, it and plane Part III.       Image: Section Source
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First class or charter travel</li> <li>Housing allowance or residence for personal use</li> <li>Payments for business use of personal residence</li> <li>Taxi indemnification and gross-up payments</li> <li>Health or social club dues or initiation fees</li> <li>Discretionary spending account</li> <li>Personal services (such as maid, chauffeur, chef)</li> </ul> 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 <ul> <li>1b</li> <li>2</li> </ul> 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? <li>2</li> 3         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee <li>Written employment contract</li>
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the comparison or committee independent comparison consultant independent comparison consultant independent comparison consultant independent comparison or a related organization: <ul> <li>Approval by the board or comparison committee</li> <li>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:</li> <li>Receiv</li></ul>
Image: 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       Discretionary spending account       1b       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 committee       2         Independent compensation consultant       Compensation survey or study       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:       a Receive a severance payment from an equity-based compensation arrangement?       4a       X         b       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee       4a       X <t< td=""></t<>
Image: 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)         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       Ib         It of 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?       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish the compensation survey or study       Image: CEO/Executive Director. Check all that apply. Part VII, Section A, line 1a, with resp
□       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 to establish compensation of the CEO/Executive Director, but explain in Part III.       2         □       □       □       □         □       □       □       □         2       □       □       □         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation comsultant       □       □         □       □       □       □       □       □         □       □       □       □       □       □         □       □       □       □       □       □
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       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       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish to ecompensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         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:       4a       X         4       During the year, did any person as upplemental nonqualified retirement plan?       4a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         6 <t< td=""></t<>
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.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       X         X       Form 990 of other organization:       4         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         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:       4a       X
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.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       X         X       Form 990 of other organization:       4         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         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:       4a       X
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 to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       4a         5       Form 990 of other organization:       X         4       Approval by the board or compensation committee       4a         4       X       4b         5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect lines 5-9.       4c       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect item in Part III.       4c       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         6       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         6       Participate in or receive payment from an equity-based compensation arrangemen
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<ul> <li>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.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation or arelated organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation componention contingent on the revenues of:</li> </ul>
<ul> <li>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.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation comments or contingent on the revenues of:</li> </ul>
<ul> <li>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.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation comments or contingent on the revenues of:</li> </ul>
establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study       Compensation committee       Image: 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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation supplementation pay or accrue any compensation compensation compensation complementation pay or accrue any compensation       Image: Compensation supplementation pay or accrue any compensation pay or accrue any compensation         b       Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation supplementation pay or accrue any compensation       Image: Compensation complementation pay or accrue any compensation         b       Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation complementatin pay or accrue any compensation       Image:
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation or the revenues of:</li> </ul>
<ul> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> </ul>
organization or a related organization:       Image: constraint of the severance payment or change-of-control payment?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation from pay or accrue any compensation contingent on the revenues of:       Image: constraint of the severance payment from an equity-based compensation pay or accrue any compensation from an equity-based compensation from an equity-based compensation from an equity-based compensation from an equity-based com
organization or a related organization:       Image: constraint of the severance payment or change-of-control payment?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from a supplemental nonqualified retirement plan?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation arrangement?       Image: constraint of the severance payment from an equity-based compensation from pay or accrue any compensation contingent on the revenues of:       Image: constraint of the severance payment from an equity-based compensation pay or accrue any compensation from an equity-based compensation from an equity-based compensation from an equity-based compensation from an equity-based com
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       4       <
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       III.       III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       III.
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:
<ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> </ul>
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:
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:
contingent on the revenues of:
a The organization?
b Any related organization?
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:
a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> <li>7 A X</li> </ul>
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 Begulations section 53 4958-4(a)(3)? If "Yes " describe in Part III 8
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9
Regulations section 53.4958-6(c)?       9         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 BRIGHT PINK NFP	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	nploy	ees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	pace 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.	e repo	orted on Schedule J 30, Part VII.	, report compensati	on from the organiz	ation on row (i) and fron	n related organizations	s, described in the instr	uctions, on row (ii).
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	indi	vidual must equal th	ie total amount of F	orm 990, Part VII, Se	ection A, line 1a, applica	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	I	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(m)-(l)(a)	in column (b) reported as deferred on prior Form 990
(1) GINNY EHRLICH	9	222,105.	.0	.0	6,369.	3,870.	232,344.	0.
CEO (THRU 05/21)	: 🗉	.0	.0	0.	•0	•0	•0	0.
(2) KATIE THIEDE	Ξ	.0	.0	110,323.	.0	.0	110,323.	.0
FORMER CEO (THRU 12/19)	(ii)	.0	.0	• 0	0.	0.	0.	0.
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	(ii)							
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032112 12-07-20

Schedule J (Form 990) 2020 BRIGHT PINK NFP	51-0619889	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.	oart for any additional information.	
PART I, LINE 4A:		
KATIE THIEDE, FORMER CEO, RECEIVED SEVERANCE PAY OF \$110,323.		
	Schedule J (Form 990) 2020	90) 2020

032113 12-07-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 51-0619889

BRIGHT PINK NFP

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KNOW THEIR RISK AND MANAGE THEIR HEALTH PROACTIVELY. BRIGHT PINK AIMS

TO IDENTIFY WOMEN AT ELEVATED RISK FOR BREAST AND OVARIAN CANCER AND

CONNECT THEM TO RISK-MITIGATING CARE.

FORM 990, PART I, LINE 6:

VOLUNTEERS SUPPORT THE DELIVERY OF OUR MISSION AS BRIGHT PINK

AMBASSADORS WHO DEPLOY OUR PROGRAMS IN THEIR LOCAL COMMUNITIES, AND

SERVE IN AN ADVISORY CAPACITY ON OUR EXECUTIVE AND GOVERNING BOARD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IDENTIFY WOMEN AT ELEVATED RISK FOR BREAST AND OVARIAN CANCER AND

CONNECT THEM TO RISK-MITIGATING CARE. THESE GOALS ARE CARRIED OUT

THROUGH THE FOLLOWING PROGRAMS: RISK ASSESSMENT, RISK MANAGEMENT,

WOMEN'S HEALTH PROFESSIONAL EDUCATION INITIATIVE, AND PUBLIC

ENGAGEMENT

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN JUNE 2021, THE BOARD OF DIRECTORS APPROVED A PLAN TO TRANSITION FROM

AN OPERATING STRUCTURE WHERE BRIGHT PINK STAFFS, SUPPORTS, FUNDRAISES

FOR AND RUNS ITS OWN PROGRAMS INTO A GRANTMAKING ENTITY, INVESTING IN

HIGH IMPACT BREAST AND OVARIAN HEALTH PROGRAMS RUN BY MISSION PARTNERS.

AS PART OF THE SUNSET EFFORTS, BRIGHT PINK LAID OFF SEVERAL STAFF AND

RAN A DILIGENT SEARCH TO IDENTIFY AND SELECT NEW HOMES FOR ITS

PROGRAMMATIC ASSETS AND TOOLS WITH ENTITIES POSITIONED TO SUPPORT AND

#### GROW THEM. BRIGHT PINK'S MISSION REMAINS THE SAME, HOWEVER THE WAY

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization BRIGHT PINK NFP	Employer identification number 51-0619889
BRIGHT PINK ACHIEVES ITS MISSION IS CHANGING. ONE HALLMARK OF THE NEW	
OPERATING FORMAT IS A LEAN OPERATING BUDGET TO MAXIMIZE THE IMPACT OF	
EACH DOLLAR RECEIVED. THE BOARD IS ACTIVELY ENGAGED IN SHAPING THE NEXT	
CHAPTER AND CONFIDENT IN THE NEW STRUCTURE TO CONTINUE THE MISSION.	
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	
BASIS. THEY ARE ASKED TO DISCLOSE WHETHER THEY ARE AWARE OF ANY POTENTIAL	
RELATED PARTY TRANSACTION OR RELATIONSHIP IN A QUESTIONNAIRE DESIGNED TO	
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 15:	
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

Name of the organization BRIGHT PINK NFP		Employer identification number 51-0619889
UBSTANTIATED WITH REAL-TIME MARKET INTELLIGENCE F	ROM AN EXECUTIVE SEARCH	
IRM IN FEBRUARY 2020. THE COMPENSATION OF THE OFF		
PPROVED BY THE BOARD OF DIRECTORS IN JANUARY 2020		
SALARY INFORMATION.		
ORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CO	NFLICT 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	3,133.	
MANAGEMENT AND GENERAL EXPENSES	1,424.	
FUNDRAISING EXPENSES	1,139.	
TOTAL EXPENSES	5,696.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	188,888.	
MANAGEMENT AND GENERAL EXPENSES	18,000.	
FUNDRAISING EXPENSES	9,275.	
TOTAL EXPENSES	216,163.	
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	59,099.	
IANAGEMENT AND GENERAL EXPENSES	2,700.	
FUNDRAISING EXPENSES	6,577.	
TOTAL EXPENSES	68,376.	
132212 11-20-20		Schedule Q (Form 990 or 990-EZ) 20

Schedule O (F	orm 990	or 990-	EZ) 202	20													F	Page <b>2</b>
Name of the o		on	RIGHT		K NF	Ρ								Empl	<b>oyer id</b> 51-06	<b>entifica</b> 19889		
TOTAL OTHER	R FEES	ON FO	RM 99	0, P	ART	IX,	LINE	11G,	, COL	A	:	290,23	ō.					