## STATE OF COLORADO SECRETARY OF STATE



## Annual Financial Statement For Colorado Charitable Organizations

## Renewal

Tŀ	nis	is est	imated	financial	information	for a c	haritabl	e org	ganizatio	on: <u>No</u>
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Registration Number: 20233011669		
Renewal Id: TEMP298411		
PENDING		
This financial report covers the		<u>2023</u> and
ending	:12/31/2023	
Organization Information		
1. Organization's name: OBESITY AWARE	ENESS IN ACTION	
2. Fadaval Francisco Idantification Number	(FEIN)- 06 2427274	
2. Federal Employer Identification Number	er (FEIN): 86-342/8/4	
3. Organization's principal address:		
Street address:		
City: JOHNSTOWN		Country: United
States		
Florida de de		
Fiscal year ends: 12/31		
If incorporated, date incorporated: 07/1	6/2021 State of incorporation	· co
minorporatou, date meorporatou.	or moor portation	<u></u>
If not incorporated:		
Type of organization:		
Date established:State es		
	<u>—</u>	
4. Telephone number: 9706692146	_ Fax number:	
Email: OAAMOVEMENT@OUTLOOK.COM		
Web site: www.oaamovement.org		

5. Has the organization applied for or been granted IRS tax exempt status? Yes

D. Paid Solicitor / Professional Fund Raising Consultant Organization or Individual  D. PFC Name: SWEETHEART CITY RACING  Title:  NOTE: The above is a Professional Fundraising Consultant  Street address: P.O. BOX 374  State: CO Zip: 80539 Country: Unite		ation letter, or of application if determination is
Are contributions to the organization tax deductible? Yes  NTEE codes that describe your organization:  EDUCATION FOOD, AGRICULTURE, & NUTRITION YOUTH DEVELOPMENT  nancial Summary as of most recent fiscal year end (line numbers are from Form 990) Revenue (Amounts Received During the Year): Contributions: \$0.00 Government Grants: \$0.00 Program Service Revenue: \$0.00 Investments: \$0.00 Special Events and Activities: \$0.00 Special Events and Activities: \$0.00 Total Revenue (sum of all revenue items above): \$0.00  Expenses (Amounts Paid Out During the Year): Program Services: \$0.00 Administration - Management and general: \$0.00 Fundralsing: \$0.00 Total Expenses (sum of expense items listed above): \$0.00  Summary of Balance Sheet as of Fiscal Year End: Total Assets, End of Year: \$0.00 Net Assets, End of Year (Total Assets - Total Liabilities): \$0.00  Net Assets, End of Year (Total Assets - Total Liabilities): \$0.00  ofessional Fundraisers D. Paid Solicitor / Professional Fund Raising Consultant Organization or Individual D. PFC Name: SWEETHEART CITY RACING Title:  NOTE: The above is a Professional Fundraising Consultant Street address: \$0.0 BOX 374 Ity: LOVELAND State: CO Zip: 80539 Country: Unite		
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ty: LOVELAND State: CO Zip: 80539 Country: Unite	NOTE: The above is	a Professional Fundraising Consultant
ty: LOVELAND State: CO Zip: 80539 Country: Unite	Street address: P.O. B	30X 374
	tates	

Location and phone used to from address above:	perform work on behalf of charitable	e organization if different
	GARFIELD AVE	
	State: <u>CO</u> Zip: <u>80538</u>	
Telephone number: 970-	-215-9925	
Other Information		
11. Fundraising Professional Outside Professional Fun	s: draiser fees: <u>\$0.00</u>	
organization) through men any other exempt or none If 'Yes', the name of the	ed (other than by association with a mbership, governing bodies, trustee xempt organization?: No_related	
	on an exempt organization?: No	
13. Did your organization so deductible?: No_	licit any contributions or gifts that w	ere not tax
	tion include with every solicitation a fts were not tax deductible?: $N/A$	n express statement that
14. List the states with which you have been granted an	you are registered to conduct solic exemption:	itations from, or from whic
	er who signed this annual financial r	
Date: N/A		