Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 201	2 calendar year, or tax year beginning	, 2012, and endi	ng		, 20
<b>В</b> с	heck if ap	oplicable:	C Name of organization ACTION FOR HEALTHY KIDS, INC.			D Employer identif	ication number
	Addre		Doing Business As			47-090202	0
	chang		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone numb	
	+	change	600 W. VAN BUREN STREET	720		(800) 416-	
	+	return	City or town, state or country, and ZIP + 4	720		(800) 410-	3130
	Termi					<b>G</b> Gross receipts \$	3,431,402.
	returr Applio	n cation	CHICAGO, IL 60607  F Name and address of principal officer: ROBERT BISCEGI	TIP		H(a) Is this a group ret	
	pendi					affiliates?	
_	Tau au		600 W. VAN BUREN STREET, #720 CHICAGO			H(b) Are all affiliates in	ist. (see instructions)
		empt st		1947(a)(1) or 52	27		
			WWW.ACTIONFORHEALTHYKIDS.ORG	Lv		H(c) Group exemption	
			ization: X Corporation Trust Association Other	L Year	or format	ion: 2002 <b>M</b> Stat	e of legal domicile: IL
Pa			mmary				
	1		describe the organization's mission or most significant activities:				
9			TING CHILDHOOD OBESITY & UNDERNOURISHME				
Jan			OME HEALTHIER PLACES SO OUR KIDS CAN LEA	RN TO EAT RIC	энт, ,	ARE ACTIVE	
Governance			RY DAY AND ARE READY TO LEARN.				
တိ			this box   if the organization discontinued its operations	•		1	1 12
න් ග	3	Numb	er of voting members of the governing body (Part VI, line 1a)				13.
itie	4	Numb	er of independent voting members of the governing body (Part VI,	line 1b)		4	13.
Activities	5	Total	number of individuals employed in calendar year 2012 (Part V, line	· 2a)			18.
ĕ	6	Total	number of volunteers (estimate if necessary)			<u>6</u>	55,000.
			gross unrelated business revenue from Part VIII, column (C), line 12				
	b	Net ur	nrelated business taxable income from Form 990-T, line 34			· · · · · · · · · · · · · · · · · · ·	0
						Prior Year	Current Year
ne	8	Contri	butions and grants (Part VIII, line 1h)	COPY FOR	]	4,407,736.	
Revenue			am service revenue (Part VIII, line 2g)	UBLIC INSPECTION	<b> </b>	56,682.	73,121.
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		J	412.	581.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1 161 030	<u> </u>
			revenue - add lines 8 through 11 (must equal Part VIII, column (A),			4,464,830.	
		Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)			1,518,504.	1,217,819.
	14		its paid to or for members (Part IX, column (A), line 4)			1 017 400	1 020 010
ses			es, other compensation, employee benefits (Part IX, column (A), lin			1,017,498.	1,030,818.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)				0
Exp			fundraising expenses (Part IX, column (D), line 25)	203,732.		050 010	1 660 060
	4.0		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			850,010.	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			3,386,012.	3,909,499.
_ s	19	Rever	nue less expenses. Subtract line 18 from line 12			1,078,818.	-478,097.
Net Assets or Fund Balances					F-	ning of Current Year	End of Year
sse	20		assets (Part X, line 16)		•	3,251,654.	3,000,987.
et A	21		liabilities (Part X, line 26)		•	318,193.	545,623.
			ssets or fund balances. Subtract line 21 from line 20		.	2,933,461.	2,455,364.
	rt II		gnature Block f perjury, I declare that I have examined this return, including accompanying	schodules and statemen	atc. and to	the best of my know	ladge and holief it is true
cor	rect, ar	nd comp	plete. Declaration of preparer (other than officer) is based on all information	of which preparer has an	ny knowle	dge.	leage and belief, it is true,
_	ian						
	ign ere		Signature of officer			 Date	
п	ere		Oignature of officer			Date	
			Type or print name and title				
			Type or print name and title  Type preparer's name  Preparer's signature	Date		Check if	PTIN
Paic	i			Date		self-	
	parer	BEN	JAMIN J. PITCHKITES		-	employed	P00362066
	Only	Firm's	name ► ERNST & YOUNG U.S. LLP				-6565596
			address 111 MONUMENT CIRCLE, SUITE 2600 INDIANAPOLI				7-681-7000
May	the I	KS dis	cuss this return with the preparer shown above? (see instructions)				Yes X No

ACTION FOR HEALTHY KIDS, INC. 47-0902020 Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: ATTACHMENT 1 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? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 3,081,949. including grants of \$ \_\_\_\_\_1,217,819. ) (Revenue \$ ATTACHMENT 2 271,916. including grants of \$ <sub>0</sub> ) (Revenue \$ **4b** (Code: ) (Expenses \$ ATTACHMENT 3 ) (Expenses \$ 66,937. including grants of \$ 0 ) (Revenue \$ 4c (Code: ATTACHMENT 4 4d Other program services (Describe in Schedule O.) o including grants of \$ 0 ) (Revenue \$

4e Total program service expenses ▶ 3,420,802.

JSA 2E1020 2.000 71066T 1143 V 12-7F Form 990 (2012)
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-ar	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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,	_		3.5
_	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	_		v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Λ_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
^	complete Schedule D, Part III	0		Λ
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
	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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	120	Х	
L	complete Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	Λ	
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b></b>		

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Part	V Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24b		- 21
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	( /			
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete 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 Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		Х
20	Part VI	31		- 1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	_ 50	21	

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Par				
	Check if Schedule O contains a response to any question in this Part V			
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 81  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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," provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ju		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)  Section 4047(a)(4) page exempt charitable trusts le the organization filing Form 000 in lieu of Form 10412.	122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
ъ 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 2E1040 1.000 V 12-7F

Form 990 (2012) ACTION FOR HEALTHY KIDS, INC. 47-0902020 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?............... X 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c describe in Schedule O how this was done 13 13 Х 14 14 Did the organization have a written document retention and destruction policy?........ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_<u>IL</u>, KS, MA, NC, OH, WI, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Other (explain in Schedule O) Own website Another's website

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ROBERT BISCEGLIE 600 W. VAN BUREN STREET, STE 720 CHICAGO, IL 60607 847-329-1766

Form **990** (2012)

JSA 2E1042 1.000 Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	2.00	X						C	0	(
(2) JUDITH YOUNG DIRECTOR	2.00	Х						C	0	
(3) REGINALD L. WASHINGTON	2.00								_	
CHAIR	0	Х						C	0	(
_(4) JEAN_RAGALIE SECRETARY/TREASURER	2.00	X						C	0	
(5) JULIE O'DONNELL ALLEN DIRECTOR	2.00	Х						C	0	(
(6) ROEL GONZALEZ VICE CHAIR	2.00	Х						C	0	(
(7) SALLY SAMPSON DIRECTOR	2.00	X								
(8) ANN MARCHETTI DIRECTOR	2.00	X						0		
(9) MARTIN J. MCHALE, JR. DIRECTOR	2.00	X						0	0	
(10) ANTRONETTE K. YANCEY DIRECTOR	2.00	Х						C	0	
(11)JULIE BOSLEY DIRECTOR	2.00	X								
(12)ROBERT MURRAY DIRECTOR	2.00	X						0		
(13)LOREN FISHER COLEMAN DIRECTOR	2.00	X						0		
(14)ROBERT BISCEGLIE	40.00									
CEO	0			Х				150,649.	0	25,570.

	n 990 (2012)	iotogo Va	F				l	1:	haat Campanast	ad Emple		('		Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru		у∟п	ъ			and F	ııg		(E)	yees (co	ntinue	(F)	
	(A) Name and title	Average hours per week (list any hours for	officer and a director/true					an ee)	(D)  Reportable compensation from the	Reportable compensation from related organizations	on from	Est amo o comp	stimated nount of other pensatio	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anizatio d related anization	d
15	MARY GODLEWSKI COO	40.00	-				X		111,150.		0			94.
			-											
									1					
С	Sub-total	ection A						<b>&gt;</b>	150,649. 111,150.		0		25,5	94.
	Total (add lines 1b and 1c)	limited to t	hose					o re	261,799. eceived more than	\$100,000	of		25,6	64.
	reportable compensation from the enganization												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	le J for	such	4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indiv	idual	5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	rvices	Co	(C)	ation	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII	Statement of Reven	ue

		Check if Schedule O contains a response to any o	question in this Part VII	I		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	163.			
	h	Total. Add lines 1a-1f	3,357,700.			
une		Business C	ode			
Program Service Revenue	2a b c d	CONFERENCE FEES	73,121.	73,121.		
rog	f	All other program service revenue				
<u>a</u>	3	Total. Add lines 2a-2f				581.
	4 5	Royalties (i) Real (ii) Person	0			
	6a b c	Gross rents				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	<u>'                                    </u>			
	b	Less: cost or other basis and sales expenses Gain or (loss)				
	d	Net gain or (loss)	. • 0			
venue	8a	Gross income from fundraising events (not including \$				
Other Revenue	b	of contributions reported on line 1c).  See Part IV, line 18				
ð	С	Net income or (loss) from fundraising events	.▶ 0			
		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b	_			
	C	Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less returns and allowances				
	b C	Less: cost of goods sold	. • 0			
		Miscellaneous Revenue Business C				
	11a					
	b					
	С					
	d	All other revenue				
	е 12	Total. Add lines 11a-11d				F03
		I OLGET CETCHIGE. OCC III OLI UCLIONO I I I I I I I I I I I I I I I I I I	3,431,402.	73,121.		581.

47-0902020

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,217,819.	1,217,819.		
	Grants and other assistance to individuals in	, , , , , , ,	, , , , , , , , ,		
	the United States. See Part IV, line 22	0			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
ι	Jnited States. See Part IV, lines 15 and 16	0			
4 E	Benefits paid to or for members	0			
5 (	Compensation of current officers, directors,				
t	rustees, and key employees	176,219.	149,889.	17,553.	8,777
6 (	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7 (	Other salaries and wages	782,376.	665,477.	77,933.	38,966
<b>8</b>	Pension plan accruals and contributions (include section	_			
	401(k) and 403(b) employer contributions)	0 100			• • •
	Other employee benefits	8,128.	6,915.	809.	404
	Payroll taxes	64,095.	54,518.	6,385.	3,192
11 F	Fees for services (non-employees):				
	Management	0	0 401	12 400	4 406
b [	Legal	20,385.	2,401.	13,488.	4,496
	Accounting	63,751.	7,507.	42,183.	14,061
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	nvestment management fees	U			
	Other. (If line 11g amount exceeds 10% of line 25, column	341,966.	195,350.	45,110.	101,506
	A) amount, list line 11g expenses on Schedule O.)	0	173,330.	13,110.	101,300
	Advertising and promotion	139,341.	127,271.	7,606.	4,464
	Information technology	0	12,72,11	7,000.	1,101
	Royalties	0			
	Occupancy	77,746.	66,084.	7,775.	3,887
	Travel	285,852.	239,315.	33,812.	12,725
	Payments of travel or entertainment expenses			,	•
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	19,435.		14,576.	4,859
	Interest	0			·
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	16,760.		12,570.	4,190
	Insurance	7,359.	6,255.	736.	368
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
I	ine 24e amount exceeds 10% of line 25, column				
(	(A) amount, list line 24e expenses on Schedule O.)				
a P	PROJECT EXPENSES	648,953.	648,953.		
b P	OSTAGE	35,706.	32,623.	2,042.	1,041
c P	AYROLL SERVICES	3,608.	425.	2,387.	796
d.					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,909,499.	3,420,802.	284,965.	203,732
	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
f	rom a combined educational campaign and				
f	undraising solicitation. Check here if	_			
JSA	ollowing SOP 98-2 (ASC 958-720)	0			Form <b>990</b> (2012

JSA 2E1052 1.000

Form 990 (2012) Page **11** 

## Form 990 (2012) Part X Balance Sheet

Cash - non-interest-bearing			Check if Schedule O contains a response t	to any	/ guestion in this Part	· X		
1			Chock is Constaine C contains a response i	J uii	, quodion in and i art			· · · · · ·
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 591(c)(8) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10b Less: accumulated depreciation, 10b 55,783, 47,520, 10c 41,345. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities. See Part IV, line 11 0,12 0,13 0,14 1,14 0,15 0,15 0,15 0,15 0,15 0,15 0,15 0,15								
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 591(c)(8) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10b Less: accumulated depreciation, 10b 55,783, 47,520, 10c 41,345. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities. See Part IV, line 11 0,12 0,13 0,14 1,14 0,15 0,15 0,15 0,15 0,15 0,15 0,15 0,15		1	Cash - non-interest-bearing			2,570,187.	1	2,251,718.
A Pledges and grants receivable, net  A Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  C Loans and other receivables from other disqualified persons (as defined under section 495(G/101), persons described in section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employers and sponsoring organizations of section 495(G/1018), and contributing employees beneficiary organizations (see instructions). Complete Part IV of Schedule L  O Report Prepaid expenses and deferred charges  18, 433. 9  33, 026.  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments - other securities. See Part IV, line 11  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  D C 14  D C 15  D C 15  D C 16  D C 17  D C 18		2	Savings and temporary cash investments			0	2	0
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiately organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10 a Inventories for sale or use 9 Prepaid expenses and deferred charges 110 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 97,128. 11 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related securities See Part IV, line 11 1 Investments - program-related securities See Part IV, line 11 1 Investments - program-related securities See Part IV, line 11 1 Investments - program-related securities See Part IV, line 11 1 Investments - program-related See Part IV, line 11 1 Investments - program-related See Part IV, line 11 1 Investments - program-related See Part IV, line 11 1 Investments - program-related See Part IV, line 11 2 Investments - other assets. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 3 Investments - program-related See Part IV, line 11 4 Intangible assets 4 O 14 5 O 15 6 Total assets. Add lines 1 through 15 (must equal line 34) 5 O 15 7 Note of the securities See Part IV, line 11 10 Investments - other securities See Part IV, line 11 11 Investments - other securities See Part IV, line 11 12 Investments - other securities See Part IV, line 11 13 Investments - other securities See		3	Pledges and grants receivable, net			615,514.	3	674,898.
trustees, key employees, and higher teceivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(c)(5)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventiories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10 b Less: accumulated depreciation  11 Investments - publicity traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accrued expenses  18 Grants payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Cause and other receivables to current and former officers, directors, trustees, key employees, highest compensated employees  22 Loans and other receivables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D  22 Tax-exempt bond liabilities  23 Secured mortsgages and notes payable to unrelated third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets  28 Temporarily restricted net assets  5 Organizations that follow SFAS 117 (ASC 958), check here Amount and part and		4	Accounts receivable, net			0	4	0
Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 9		5	Loans and other receivables from current and t					
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L			trustees, key employees, and highest co					
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L	0	5	0		
and sponsoring organizations of section 501(c)(g) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
organizations (see instructions). Complete Part II of Schedule L								
9 Prepaid expenses and deferred charges	S		organizations (see instructions). Complete Part II of Sche	dule L		0	6	0
9 Prepaid expenses and deferred charges	set	7	Notes and loans receivable, net			0	7	0
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   97,128.     10b   55,783.   47,520. 10c   41,345.   11   Investments - publicly traded securities   0   11   0   12   0   0   13   10   0   14   0   14   0   15   0   14   0   15   0   14   0   15   0   14   0   15   0   15   0   16   0   15   0   16   0   0   16	As	8	Inventories for sale or use			0	8	0
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11.  13 Investments - other securities. See Part IV, line 11.  14 Intangible assets 15 Other assets. See Part IV, line 11.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Corganizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC 958), check here  and organizations that do not follow SFAS 117 (ASC		9	Prepaid expenses and deferred charges			18,433.	9	33,026.
b Less: accumulated depreciation   10b   55,783   47,520   10c   41,345     11		10 a	Land, buildings, and equipment: cost or					
11   Investments - publicly traded securities   0   11   0   12   0   12   0   13   10   14   13   10   14   14   10   14   14   10   14   15   15   15   16   15   16   15   16   15   16   15   16   16								
12   Investments - other securities. See Part IV, line 11   0   12   0   0   13   0   0   14   14   14   14   15   15   15   15								
13   Investments - program-related. See Part IV, line 11   0   13   0   14   0   15   15						0		
14						0		
15 Other assets. See Part IV, line 11   0   15   0   16   16   16   16   16   16   16								
16			Intangible assets					
17 Accounts payable and accrued expenses 318,193. 17 545,623.  18 Grants payable								
18   Grants payable   0   18   0   19   0   0   19   0   0   0   19   0   0   0   0   0   0   0   0   0								
Tax-exempt bond liabilities  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here   27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  0 29 0  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Grants payable					
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Secrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here of Schedule D  Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here of Schedule D  Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here of Schedule D  Total liabilities (including federal income tax, payables to related third parties.  Secured mortgages and notes payable to unrelated third parties.  Ozganizations that follow SFAS 117 (ASC 958), check here of Schedule D  Total liabilities (including federal income tax, payables to related third parties.  Secured mortgages, and other liabilities of Catalogues, and other liabilities.  Ozganizations that follow SFAS 117 (ASC 958), check here of Schedule D  Ozganizations that do not follow SFAS 117 (ASC 958), check here of Catalogues, and ozganizations discounties.  Ozganizations that do not follow SFAS 117 (ASC 958), check here of Catalogues, and ozganizations discounties.			Deferred revenue		0		0	
Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations tha		_	Tax-exempt bond liabilities	0		0		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	S	_	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0		0
23 Secured mortgages and notes payable to unrelated third parties	iţi							
23 Secured mortgages and notes payable to unrelated third parties	apil							
Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here   Tomporarily restricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations that do not follow SFAS 117 (ASC 958), check here  Organizations tha	Ë					0	22	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and other liabilities included on lines 17-24). Complete Part X  0 25  0 318,193. 26  545,623.  10 27  833,314.  27 Unrestricted net assets  10 29  Organizations that do not follow SFAS 117 (ASC 958), check here and other liabilities not included on lines 17-24). Complete Part X  0 25  0 318,193. 26  545,623.		23				0	23	0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25. 318,193. 26 545,623.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 505,446. 27 833,314.  28 Temporarily restricted net assets 2,428,015. 28 1,622,050.  Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here and		24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0
of Schedule D  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (A		25	Other liabilities (including federal income tax,	payab	les to related third			
26 Total liabilities. Add lines 17 through 25. 318,193. 26 545,623.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 505,446. 27 833,314.  28 Temporarily restricted net assets 2,428,015. 28 1,622,050.  Permanently restricted net assets 0 29 0  Organizations that do not follow SFAS 117 (ASC 958), check here  and			parties, and other liabilities not included on lines	17-2	4). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and								0
complete lines 27 through 29, and lines 33 and 34.         27 Unrestricted net assets       505,446.       27       833,314.         28 Temporarily restricted net assets       2,428,015.       28       1,622,050.         29 Permanently restricted net assets       0       29       0         Organizations that do not follow SFAS 117 (ASC 958), check here       and       and		26				318,193.	26	545,623.
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	es				k here ▶ X and			
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations and complete lines 30 through 34.	anc anc	27	Unrestricted net assets			505,446.	27	833,314.
29 Permanently restricted net assets 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	3ali	28	Temporarily restricted net assets			2,428,015.	28	1,622,050.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	둳	29	Permanently restricted net assets			0	29	0
(N) 20. Conital stank and make single on surrout finals	r Fu			, chec	k here 🕨 📗 and			
30 Capital stock or trust principal, or current funds	ts (	30	Capital stock or trust principal, or current funds			30		
31 Paid-in or capital surplus, or land, building, or equipment fund	sse		· · · · · · · · · · · · · · · · · · ·					
32 Retained earnings, endowment, accumulated income, or other funds 32	Ä	32	Retained earnings, endowment, accumulated inco	ome,	or other funds			
33 Total net assets or fund balances 2,933,461. 33 2,455,364.	Ne	33	Total net assets or fund balances			2,933,461.		2,455,364.
<b>34</b> Total liabilities and net assets/fund balances		34	Total liabilities and net assets/fund balances			3,251,654.	34	3,000,987.

Form 990 (2012) Page **12** 

Part	XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	31,4	402.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	09,4	499.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-478,097			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,933,46			
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		2,4	55,3	364.	
Part							
	Check if Schedule O contains a response to any question 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," e	хріаіі	n in				
٥-	Schedule O.					37	
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipiled	ı or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х		
b	Were the organization's financial statements audited by an independent accountant?			20	Λ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted c	on a				
	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis						
	<u> </u>	. Carlot					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_	<b>.</b>	2c	X		
	of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, each of the organization changed either its oversight process or selection process during the tax year, each of the organization changed either its oversight process or selection process during the tax year, each of the organization changed either its oversight process or selection process during the tax year, each of the organization changed either its oversight process or selection process during the tax year, each of the organization changed either its oversight process or selection process.						
	Schedule O.	хріаі	11 111				
2.	As a result of a federal award, was the organization required to undergo an audit or audits as se	fort	h in				
Ja	the Single Audit Act and OMB Circular A-133?	LIUIL	11 111	3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erac	the				
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_	1116	3b			

Form **990** (2012)

71066T 1143 V 12-7F

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

**Employer identification number** 

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ACTION	FOR HEALTHY	KIDS, INC.							47-	-0902020
Part I	Reason for Pub	lic Charity Statu	<b>s</b> (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions	
The orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, convention	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)						
3	A hospital or a coo	perative hospital s	service organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).		
4	A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(b	)(1)(A)(iii). Enter the
	hospital's name, cit	y, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6		_	or governmental unit des							
7 X	An organization that	at normally receiv	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
	described in section	n 170(b)(1)(A)(vi)	. (Complete Part II.)							
8			on 170(b)(1)(A)(vi). (Com	•						
9	=	=	es: (1) more than 331/3%							
	•		exempt functions - sub			-				
			ome and unrelated busi				-		n 511	tax) from businesses
			ne 30, 1975. See <b>section</b>			-				
10	•	•	ited exclusively to test for	•	•				-	
11	•	•	rated exclusively for the							•
			upported organizations de				. , .	,		` ' ' '
			pes the type of supporting	-						=
_	a Type I	<b>b</b> Type II	<b>c</b> Type III-Function the organization is not	-	_					unctionally integrated
e		•	•			•		•	•	•
	509(a)(1) or section		igers and other than one	01 1110	re pur	niciy su	pportec	ı organ	izations	described in Section
f	. , . ,	. , . ,	en determination from th	o IDS	that it	ic a T	vno I T	woo II	or Type	o III eupporting
•	organization, check		in determination nom th	e iivo	tiiat it	is a i	ype i, i	ype II,	от тур	s in supporting
g			nization accepted any gift	t or coi	ntributi	on from	any of	the		
9	following persons?	ooo, nao mo orga	inzation accepted any gin	01 001	illibati	011 11011	i arry or	1110		
	= :	directly or indire	ectly controls, either alor	ne or t	oaethe	er with	person	s desc	ribed in	(ii) Yes No
			dy of the supported organ		-		<b>P</b> • • • • • • • • • • • • • • • • • • •			11g(i)
			scribed in (i) above?							11g(ii)
			son described in (i) or (ii) a	bove?						11g(iii)
h			out the supported organization		).					
(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of monetary
	organization		(described on lines 1-9 above or IRC section		zation in listed in		anization . (i) of		zation in rganized	support
			(see instructions))		overning ment?		upport?		U.S.?	
				Yes	No	Yes	No	Yes	No	
(A)										
(A)										
(B)										
(D)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,027,271.	3,876,943.	4,113,534.	4,407,736.	3,357,700.	19,783,184.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	4,027,271.	3,876,943.	4,113,534.	4,407,736.	3,357,700.	19,783,184.		
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).						9,802,731.		
6	Public support. Subtract line 5 from line 4.						9,980,453.		
	tion B. Total Support	(-) 0000	4-> 0000	(-) 0040	(-1) 0044	(-) 0040	/O T-1-1		
_	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	4,027,271.	3,876,943.	4,113,534.	4,407,736.	3,357,700.	19,783,184.		
9	Net income from unrelated business	21,988.	4,586.	2,421.	413.	581.	29,989.		
	activities, whether or not the business is regularly carried on						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0		
11	Total support. Add lines 7 through 10						19,813,173.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	315,343.		
13	First five years. If the Form 990 is f organization, check this box and stop here								
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2012 (li		,			14	50.37%		
15	Public support percentage from 2011					15	55.50%		
16a	331/3% support test - 2012. If the o	-							
	this box and <b>stop here.</b> The organizati						▶ <u>X</u>		
b	331/3% support test - 2011. If the c	-							
47-	check this box and <b>stop here.</b> The org								
1 <i>1</i> a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization								
	Part IV how the organization meets to								
	_			=	=	-	apported		
h	organization  10%-facts-and-circumstances test - 2						and line		
b	15 is 10% or more, and if the organic								
	Explain in Part IV how the organizati						-		
	supported organization				=	· ·	► □		
18	Private foundation. If the organization								
. •	instructions								
				· · · · · · · · · · · ·		• • • • • • • • • • • • • • •	<del></del>		

Schedule A (Form 990 or 990-EZ) 2012 Page 3

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<b>,</b>		,,		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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	<b>Total.</b> 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						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	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 assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .		<u></u> .	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2011 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2012 (lin					17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2012. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and <b>stor</b>	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2011. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instru	uctions ►

JSA 2E1221 1.000

Schedule A (Form 990 or 990-EZ) 2012 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

Schedule A (Form 990 or 990-EZ) 2012

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012** 

Name of the organization		Employer identification number
ACTION FOR HEALTHY	KIDS, INC.	
		47-0902020
Organization type (check or	ıe):	
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 y one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during t \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11.	ne year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from stal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charit poses, or the prevention of cruelty to children or animals. Complete Parts I, I	able, scientific, literary,
during the year, co not total to more the year for an <i>exclusi</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but th han \$1,000. If this box is checked, enter here the total contributions that we <i>vely</i> religious, charitable, etc., purpose. Do not complete any of the parts unkanization because it received nonexclusively religious, charitable, etc., contrear	nese contributions did re received during the ess the <b>General Rule</b> ibutions of \$5,000 or
_	at is not covered by the General Rule and/or the Special Rules does not file sust answer "No" on Part IV, line 2 of its Form 990; or check the box on line	

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number 47-0902020

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1 _		\$750,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2-		\$625,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3 _		\$500,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	<u> </u>		Type of contribution		
4 _		\$500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II if there is		
(a)	(b)	\$5 <u>00,000</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b)	\$500,000.  (c)  Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is		

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part II	Noncash Property	(see instructions).	Use duplicate c	opies of Part II if	additional space is needed.	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		      \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		      \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this inf	ormation once. Se	haritable, etc., e instructions.) ►\$					
	Use duplicate copies of Part III if addition	onal space is neede	<u>d.</u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf							
	Transferee's name, address, a	nd ZIP + 4	Relation	nship 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) Transf	er of gift	<u> </u>					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047
2012

Open to Publi

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

Nam	e of the organization					Em	ployer identification number
	TION FOR HEALTHY KIDS, INC.						47-0902020
Pa	organizations Maintaining Donor Advious organization answered "Yes" to Form 9		er Sir	milar Fu	unds or	Acc	ounts. Complete if the
		(a) Donor ad	vised	funds			(b) Funds and other accounts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor	advisors in writing th	at the	e accete	held in	dono	r advised
5	funds are the organization's property, subject to the	_					
6	Did the organization inform all grantees, donors, ar	_		•			
U	only for charitable purposes and not for the benefit						
	conferring impermissible private benefit?				_		
Pa	rt II Conservation Easements. Complete if						
1	Purpose(s) of conservation easements held by the				,5 10 1 0	51111 0	7.00, 1 (1111), 11110 7.
•	Preservation of land for public use (e.g., recre	=		7	vation o	of an h	nistorically important land area
	Protection of natural habitat	eation of education)					ertified historic structure
	Preservation of open space			ı Fiesei	valion	пасе	ertined historic structure
2	Complete lines 2a through 2d if the organization he	ald a qualified conser	rvatio	n contrib	oution in	the f	orm of a conservation
_	easement on the last day of the tax year.	ola a qualifica corisci	vatio	TI COILLIE	Julion III	tile iv	orni or a conservation
	,						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					2c	
d	Number of conservation easements included in (c)						
-	historic structure listed in the National Register.	•				2d	
3	Number of conservation easements modified, tran						by the organization during the
	tax year <b>&gt;</b>	,,		, .			,g
4	Number of states where property subject to conse	rvation easement is lo	cated	d ▶			
5	Does the organization have a written policy regard					ndlind	 a of
	violations, and enforcement of the conservation ea	- :	_	-		_	
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforc	ing co	onserva	tion eas	emen	ts during the year
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing c	onsei	rvation e	easemer	nts du	ring the year
	<b>▶</b> \$						
8	Does each conservation easement reported on line						
	(i) and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports						
	balance sheet, and include, if applicable, the text of		orgar	nization'	s financi	ial sta	tements that describes the
_	organization's accounting for conservation easeme				041	<u> </u>	
Pa	rt III Organizations Maintaining Collections Complete if the organization answered	"Yes" to Form 990	, Par	t IV, line	e 8.	r Sim	liar Assets.
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958).	not t	to repor	t in its	reven	ue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	ar assets held for process	ublic	exhibition	on, edu	cation	n, or research in furtherance of
<b>L</b>	If the organization elected, as permitted under \$						
b	works of art, historical treasures, or other similar public service, provide the following amounts relati	ar assets held for po					
	(i) Revenues included in Form 990, Part VIII, line 1	•					<b>▶</b> \$
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of a						
	following amounts required to be reported under S						3 , p
а	Revenues included in Form 990, Part VIII, line 1						<b>▶</b> \$
b	Assets included in Form 990, Part X						• • • • ▶ \$

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **2** 

Par	t III Organizations Maintaining Coll	lections of	Art, H	istorical	Treasu	res,	or Ot	her Simila	r Asse	ets (con	tinue	ed)_
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	ther rec	ords, checl	k any o	of the	follow	ving that are	a sigr	nificant us	se of	f its
а	Public exhibition		d	Loan	or excha	ange	prograi	ms				
b	Scholarly research		е									
С	Preservation for future generations											
4	Provide a description of the organization's	collections	and exp	lain how t	thev fur	ther	the or	ganization's	exemp	t purpose	in I	Part
	XIII.				,		•	3				
5	During the year, did the organization solicit	or receive d	onations	of art, hist	orical tr	easu	res, or	other similar				
	assets to be sold to raise funds rather than t									Yes		No
Par										n 990, F	art	IV,
	line 9, or reported an amount on									•		,
		Para and disa		.P								
1а	Is the organization an agent, trustee, custod			-					Г			
<b>h</b>	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII		ata tha fa	llowing tob					L	Yes		No
b	ii res, explain the arrangement in Fart Alli	i and comple	ete the ic	mowning tac	ле.			Λm	ount			
С	Beginning balance					10		AIII	Ount			
d	Additions during the year					_						
e	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on									Yes		No
	If "Yes," explain the arrangement in Part XIII	Check ber	e if the e	volanation	has he	en nr	ovided	in Part XIII	L		H	140
Par												
ı aı		urrent year		rior year			s back	(d) Three year		(e) Four y	ears b	ack
1a	Beginning of year balance		(-,	, , , , ,	(-)			(1)		(-)		
b	Contributions											
С	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 cui	rrent year er	nd baland	ce (line 1g,	column	n (a))	held as					
а	Board designated or quasi-endowment <b>\rightarrow</b> _	-	%									
b	Permanent endowment ► %		_									
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c sho	ould equal 10	00%.									
3a	Are there endowment funds not in the poss	session of th	e organi:	zation that	are hel	d and	d admir	nistered for th	ie			
	organization by:									Y	es	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as r	equired o	on Schedule	e R? .					3b		
4	Describe in Part XIII the intended uses of the	e organization	on's end	owment fur	nds.							
Par	t VI Land, Buildings, and Equipment	See Form	n 990, P	art X, line	10.							
	Description of property	(a) Cost or o		<b>(b)</b> Cost (c)	or other ba other)	asis		cumulated eciation	(c	<b>d)</b> Book valu	е	
1a	Land											
b	Buildings											
С	Leasehold improvements				29,49			8,092.			1,4	
d	Equipment				67,63	34.		47,691.		1	9,9	43.
<u>e</u>	Other											
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form	1990, Pai	rt X, columi	n (B), lin	ne 10	(c).)	▶		4	1,3	45.

Page 3 Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
<u>(A)</u>				
(B)				
(C)		_		
<u>(D)</u>		+		
(F)		_		
<u>\(\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\f{\f{\f \frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\f{\</u>		+		
(H)				
(I)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990, Part X, lin	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	line 15.		
	(a	a) Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Book valu	Je	
(1) Fede	ral income taxes			
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	mn (b) must equal Form 990, Part X, col. (B) line 25.	.) ▶		
	ASC 740) Footnote. In Part XIII. provide the text		organization's financial statements that re	eports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 Page **4** 

Concaa	10 D (1 01111 000) 2012		rage -
<b>Part</b>	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	3,431,402.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	1	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,431,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,431,402.
<b>Part</b>	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn	
1	Total expenses and losses per audited financial statements	1	3,909,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,909,499.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,909,499.
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proation.		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Schedule I (Form 990) (2012)

2012 **Open to Public** 

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization ACTION FOR HEALTHY KIDS, INC. 47-0902020 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) BAYONNE SCHOOL DISTRICT 667 AVE A BAYONNE, NJ 07002 22-6002962 14,000 CHILD NUTRITION (2) BRIDGETON PUBLIC SCHOOLS 51 N WEST AVE BRIDGETON, NJ 08302 21-6000144 8,000 CHILD MUTRITION (3) JERSEY CITY PUBLIC SCHOOLS 3385 KENNEDY BLVD JERSEY CITY, NJ 07304 22-6002012 7,000 CHILD NUTRITION (4) PHILADELPHIA SCHOOL DISTRICT 440 N BROAD ST PHILADELPHIA, PA 19146 23-6004102 10,000. CHILD NUTRITION (5) CINCINNATI PUBLIC SCHOOL DISTRICT 2651 BURNET AVE CINCINNATI, OH 45219 31-6000758 35,500. CHILD NUTRITION (6) MARION CITY SCHOOLS 910 EAST CHURCH ST MARION, OH 43302 31-6400708 6,000 CHILD NUTRITION (7) TOLEDO PUBLIC SCHOOLS 420 E MANHATTAN RD TOLEDO, OH 43608 34-6401449 36,500 CHILD NUTRITION (8) CHICAGO PUBLIC SCHOOLS 36-6005821 40,500 125 SOUTH CLARK ST CHICAGO, IL 60603 CHILD NUTRITION (9) WATERFORD SCHOOL DISTRICT 501 NORTH CASS LAKE RD WATERFORD, MI 48328 38-6003100 7,000 CHILD NUTRITION (10) BEMIDJI AREA SCHOOLS #31 3300 GILLETT DR NW BEMIDJI, MN 56601 41-6000181 6,000 CHILD NUTRITION (11) MONTGOMERY COUNTY PUBLIC SCHOOLS 850 HUNGERFORD DR ROCKVILLE, MD 20855 43-6012406 10,000. CHILD NUTRITION (12) BALTIMORE CITY PUBLIC SCHOOLS 200 EAST NORTH AVE BALTIMORE, MD 21202 52-2064235 115 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 

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

Inspection

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization				•		ame of the organization Employer identification number							
ACTION FOR HEALTHY KIDS, INC.	47-0902020	)											
Part I General Information on Grants and	d Assistance	•											
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>													
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.													
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
(1) HALIFAX COUNTY SCHOOLS													
9525 HWY 301 SOUTH HALIFAX, NC 27839	56-6001042	115	8,000.				CHILD NUTRITION						
(2) CHARLOTTE MECKLENBURG SCHOOLS													
3301 STAFFORD DR CHARLOTTE, NC 28208	56-6001074	115	7,000.				CHILD NUTRITION						
(3) WHITE COUNTY													
113 NORTH BROOKS ST CLEVELAND, GA 30528	58-6000346	115	7,000.				CHILD NUTRITION						
(4) HILLSBOROUGH COUNTY PUBLIC SCHOOLS													
901 EAST KENNEDY BLVD TAMPA, FL 33602	59-6000660	115	10,000.				CHILD NUTRITION						
(5) ORANGE COUNTY PUBLIC SCHOOLS													
445 W AMELIA ST ORLANDO, FL 32801	59-6000771	115	28,500.				CHILD NUTRITION						
(6) SANTA ROSA COUNTY													
5563 BYRON ST MILTON, FL 32570	59-6000845	115	10,000.				CHILD NUTRITION						
(7) FAYETTE COUNTY PUBLIC SCHOOLS													
400 SPRINGHILL DR LEXINGTON, KY 40503	61-6001059	115	28,500.				CHILD NUTRITION						
(8) BIBB COUNTY													
2011 RIVERSIDE DR MACON, GA 31204	63-6000764	115	10,000.				CHILD NUTRITION						
(9) JACKSON PUBLIC SCHOOLS													
2548 LIVINGSTON RD JACKSON, MS 39202	64-6000513	115	14,000.				CHILD NUTRITION						
(10) CLARKSDALE MUNICIPAL SCHOOL DISTRICT													
PO BOX 1088 CLARKSDALE, MS 38614	64-6008786	115	6,000.				CHILD NUTRITION						
(11) FIRSTLINE SCHOOLS													
4200 CANAL ST NEW ORLEANS, LA 70115	72-1409800	115	7,000.				CHILD NUTRITION						
(12) DALLAS INDEPENDENT SCHOOL DISTRICT													
1515 GRAND AVE DALLAS, TX 75215	75-6001278	115	16,000.				CHILD NUTRITION						
<ul><li>Enter total number of section 501(c)(3) and</li><li>Enter total number of other organizations list</li></ul>	ed in the line	1 table											
For Paperwork Reduction Act Notice, see the I	nstructions fo	r Form 990.				Sched	ule I (Form 990) (2012)						

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization						Employer identificat	ion number
ACTION FOR HEALTHY KIDS, INC.						47-0902020	)
Part I General Information on Grants and	d Assistance	)				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistance	9?					X Yes No
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DENVER PUBLIC SCHOOLS							
2320 W FOURTH AVE DENVER, CO 80223	84-6001099	115	12,000.				CHILD NUTRITION
(2) POUDRE SCHOOL DISTRICT							
2407 LA PORTE AVE FORT COLLINS, CO 80521	84-6013733	115	9,000.				CHILD NUTRITION
(3) CHENEY SCHOOL DISTRICT							
1015 SALNAVE RD CHENEY, WA 99004	91-0833847	115	6,000.				CHILD NUTRITION
(4) SAN FRANCISCO UNIFIED SCHOOL DISTRICT							
755 MORSE ST SAN FRANCISCO, CA 94112	94-6000416	115	10,000.				CHILD NUTRITION
(5) FRESNO UNIFIED SCHOOL DISTRICT							
4480 N BRAWLEY AVE FRESNO, CA 93722	94-6002206	115	19,950.				CHILD NUTRITION
(6) NEW HAVEN PUBLIC SCHOOLS							
75 BARNES AVE NEW HAVEN, CT 06513	99-9999999	115	9,000.				CHILD NUTRITION
(7) WINDHAM PUBLIC SCHOOLS							
355 HIGH ST WINDHAM, CT 06226	99-9999999	115	6,000.				CHILD NUTRITION
(8) SD 89 MAYWOOD-MELROSE PARK-BROADVIEW							
910 DIVISION ST MELROSE PARK, IL 60160	99-9999999	115	7,000.				CHILD NUTRITION
(9) RECOVERY SCHOOL DISTRICT - NEW ORLEANS							
3800 DESIRE PKWY NEW ORLEANS, LA 70122	99-9999999	115	13,000.				CHILD NUTRITION
(10) SPRINGFIELD PUBLIC SCHOOLS							
49 CADWELL DR STE 3 SPRINGFIELD, MA 01104	99-9999999	115	18,000.				CHILD NUTRITION
(11) MERIDEN PUBLIC SCHOOLS							
22 LIBERTY ST MERIDEN, CT 06450	99-9999999	115	10,000.				CHILD NUTRITION
(12)							
2 Enter total number of section 501(c)(3) and	-	-					35.
3 Enter total number of other organizations list	ed in the line	1 table				<u></u>	

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

Schedule I (Form 990) (2012)

ACTION FOR HEALTHY KIDS, INC. 47-0902020

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE U.S.

SCHEDULE I, PART I, LINE 2

GRANTS ARE AWARDED THROUGH AN APPLICATION PROCESS OPEN TO SCHOOLS ACROSS

AMERICA. SELECTED SCHOOLS MUST PROVIDE A PLAN TO ENHANCE THEIR NUTRITION

AND/OR PHYSICAL ACTIVITY PROGRAMS FOR SCHOOL CHILDREN. EACH SCHOOL OR

SCHOOL DISTRICT IS REQUIRED TO PROVIDE PERIODIC REPORTS ON HOW THE GRANT

AWARDS HAVE BEEN UTILIZED WITHIN THEIR SCHOOL ENVIRONMENT.

## **SCHEDULE J** (Form 990)

Compensation Information

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

► Complete if the organization are seen as the compensation of the

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Inspection Employer identification number

47-0902020

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., 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	4.		
•	explain	1b		
2		2		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	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.			
	X   Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		Х
a h		6b		X
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	0.5		21
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

ACTION FOR HEALTHY KIDS, INC. 47-0902020

Schedule J (Form 990) 2012

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
ROBERT BISCEGLIE	(i)	150,000.	10,000.	-9,351.	12,000.	13,570.	176,219.	0
1 CEO	(ii)	0	(	0	q	0		0
	(i)							
2	(ii)							
	(i)							
_3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)		<u> </u>	<del> </del>				
_14	(ii)							
	(i)		<u> </u>	<del> </del>				
15	(ii)							
	(i)		<u> </u>	<del> </del>				<u> </u>
16	(ii)							edule .l (Form 990) 2012

ACTION FOR HEALTHY KIDS, INC. 47-0902020

Schedule J (Form 990) 2012

### Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ACTION FOR HEALTHY KIDS, INC.

47-0902020

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
7								
8	Boats and planes							
9	Securities - Publicly traded							
	Securities - Closely held stock							
10 11	Securities - Closely field stock  Securities - Partnership, LLC,							
11	or trust interests							
40	Securities - Miscellaneous							
12								
13	Qualified conservation contribution - Historic							
4.4	structures							
14	Qualified conservation							
4.5	contribution - Other Real estate - Residential							
15								
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 20	Food inventory							
21	Drugs and medical supplies							
22	Taxidermy							
23								
24	Scientific specimens							
24 25	Archeological artifacts Other ►( _ATCH_1)		165.	103,970.				
26	Other >(		103.	103,570.				
27	Other ►() Other ►()							
28								
	Other ►() Number of Forms 8283 received	by the orac	nization during the tax ve	or for contributions for				
29	which the organization completed i	-			29			
	which the organization completed i	-01111 0203,	rait iv, Donee Acknowledg	jement	20		Yes	No
30 a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I. line	s 1-28 that		103	110
	it must hold for at least three yea							
	used for exempt purposes for the e					30a		Х
h	If "Yes," describe the arrangement i	in Part II	, ponoa.			30a		
31	Does the organization have a		ance policy that require	s the review of any r	on-standard			
•	=					31		Х
32 a	contributions?  Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
u	S .	•	•			32a		Х
h	contributions?  If "Yes," describe in Part II.					JEa		21
33	If the organization did not report ar	amount in	column (c) for a type of pro	pperty for which column (a)	) is checked			
	describe in Part II.		(-)	,				

Schedule M (Form 990) (2012) Page **2** 

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

ATTACHMENT 1

### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
PRINTING AND COPYING	X	33.	15,225.	FMV
TELEPHONE	Х	33.	5,245.	FMV
POSTAGE AND DELIVERY	Х	33.	1,970.	FMV
MEETING COSTS	Х	33.	38,610.	FMV
TRAVEL	Х	33.	42,920.	FMV
TOTALS	=	165.	103,970.	

Schedule M (Form 990) (2012)

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

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DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, LINE 11

THE BOARD OF DIRECTORS, FINANCE COMMITTEE AND CEO REVIEW THE 990 BEFORE FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS ON THE BOARD'S AGENDA ANNUALLY AND THERE ARE PERIODIC COMPLIANCE DISCUSSIONS BETWEEN THE BOARD AND MANAGEMENT DURING THE YEAR. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES FROM VOTING IF THEY ARE PERSONALLY INVOLVED IN A MATTER.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, LINES 15A & 15B

ANNUAL SALARY STUDIES ARE DONE WHEN DETERMINING COMPENSATION FOR THE CEO AND AFHK STAFF EACH YEAR.

AVAIL OF DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

#### ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ACTION FOR HEALTHY KIDS' (AFHK) VISION IS THAT ALL KIDS WILL DEVELOP
THE LIFELONG HABITS NECESSARY TO PROMOTE HEALTH AND LEARNING. IN
PURSUIT OF THIS VISION, OUR MISSION IS TO ENGAGE DIVERSE
ORGANIZATIONS, LEADERS, AND VOLUNTEERS IN ACTIONS THAT FOSTER SOUND
NUTRITION AND GOOD PHYSICAL ACTIVITY IN CHILDREN, YOUTH AND SCHOOLS.
IN SHORT, AFHK HELPS SCHOOLS CREATE AND IMPROVE THEIR WELLNESS
POLICIES AND SUSTAINABLE PRACTICES FOCUSED ON FOOD ACCESS/NUTRITION
EDUCATION AND PHYSICAL ACTIVITY.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ACTION FOR HEALTHY KIDS IS THE NATION'S LARGEST VOLUNTEER NETWORK WORKING WITH SCHOOLS TO FIGHT CHILDHOOD OBESITY AND UNDERNOURISHMENT BY PROVIDING PROGRAMS, SERVICES AND EXPERTISE THAT IMPROVE NUTRITION IN SCHOOLS AND INCREASE OPPORTUNITIES FOR KIDS TO BE MORE ACTIVE. WE HAVE BUILT AN INFRASTRUCTURE CONSISTING OF NATIONAL STAFF, CONTRACTED STATE AND LOCAL PROJECT COORDINATORS, KEY STATE LEADERS, PEER LEARNING NETWORKS ACROSS 51 STATE TEAMS, MORE THAN 55,000 VOLUNTEERS AND CONSTITUENTS, AND 75 NATIONAL PARTNERS TO DELIVER THE TECHNICAL ASSISTANCE NECESSARY FOR SCHOOL COMMUNITIES TO ACHIEVE THEIR DESIRED RESULTS. WE SUPPORT OUR STAKEHOLDERS AT ONE OR MORE LEVELS OF OUR LEARN-ACT-TRANSFORM APPROACH, WHICH CAN BE SUMMARIZED AS FOLLOWS:

\*LEARN - HOSTING LOCAL WORKSHOPS/TRAININGS/CONFERENCES ON WELLNESS

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

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ATTACHMENT 2 (CONT'D)

Page 2

PROGRAMS AND POLICIES TO EDUCATE AND EMPOWER SCHOOL/COMMUNITY

LEADERS AND VOLUNTEERS; DISSEMINATING EDUCATIONAL RESOURCES ONLINE

AND/OR IN PERSON.

\*ACT - PROVIDING OPPORTUNITIES TO TAKE ACTION AS SCHOOL GRANT
HEALTH TEAM MEMBERS, VOLUNTEER AT A SCHOOL WELLNESS EVENTS, DONATE
TO OR RAISE AWARENESS FOR OUR MISSION AND MORE.

\*TRANSFORM - SUPPORT SCHOOLS AND SCHOOL WELLNESS TEAMS AS THEY

IMPLEMENT EFFECTIVE, LONG-TERM HEALTH AND WELLNESS POLICIES,

PROGRAMS AND PRACTICES.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ACTION FOR HEALTHY KIDS OFFERS A CONTINUUM OF AGE-APPROPRIATE PROGRAMS FOR STUDENTS BEFORE AND DURING THE SCHOOL DAY.

GAME ON! THE ULTIMATE WELLNESS CHALLENGE, DEVELOPED FOR ELEMENTARY SCHOOL STUDENTS, IS A YEAR-LONG PROGRAM OF FUN ACTIVITIES TO HELP KIDS, THEIR FAMILIES AND SCHOOLS INCORPORATE HEALTHY EATING AND PHYSICAL ACTIVITY INTO THEIR DAILY LIVES. THE PROGRAM WAS DEVELOPED IN PARTNERSHIP WITH THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES AND IN COOPERATION WITH THE US DEPARTMENT OF AGRICULTURE. A NO-COST, STEP-BY-STEP ONLINE GUIDE PROVIDES ALL THE INFORMATION AND RESOURCES EDUCATORS NEED TO HOST A SUCCESSFUL SCHOOL WELLNESS PROGRAM.

Name of the organization ACTION FOR HEALTHY KIDS, INC. Employer identification number 47-0902020

ATTACHMENT 3 (CONT'D)

WORKING WITH LONG-TIME PARTNERS THE NATIONAL FOOTBALL LEAGUE AND NATIONAL DAIRY COUNCIL, WE PROMOTE YOUTH FITNESS IN MIDDLE SCHOOLS BY INTEGRATING THE FUEL UP TO PLAY 60 PROGRAM. FUEL UP TO PLAY 60 ENCOURAGES STUDENTS TO EAT HEALTHY, BE ACTIVE, GET 60 MINUTES OF PHYSICAL ACTIVITY EVERY DAY, AND PUT IN PLACE LONG-TERM POSITIVE CHANGES FOR THEMSELVES AND THEIR SCHOOLS.

OUR STUDENTS TAKING CHARGE PROGRAM PROVIDES HIGH SCHOOL STUDENTS
WITH RESOURCES AND SUPPORT TO BECOME LEADERS IN TRANSFORMING THEIR
SCHOOL. THE PROGRAM COMBINES POSITIVE YOUTH DEVELOPMENT CONCEPTS,
LIKE LEADERSHIP AND SKILL BUILDING, WITH SCHOOL HEALTH PROJECTS
AND FOSTERS STUDENT ACTION.

ATTACHMENT 4

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ACTION FOR HEALTHY KIDS USES AN INTEGRATED COMMUNICATIONS APPROACH
TO FOSTER AWARENESS OF BEST-PRACTICES IN SCHOOL WELLNESS AND
VOLUNTEER ENGAGEMENT. THIS APPROACH INCLUDES A DYNAMIC WEBSITE WWW.ACTIONFORHEALTHYKIDS.ORG - THAT HOUSES AN ONLINE RESOURCE
CLEARINGHOUSE AND A CUSTOMIZED VOLUNTEER MANAGEMENT PLATFORM. OUR
COMMUNICATIONS TOOLS ALSO ALLOW FOR TARGETED EMAIL CAPABILITIES,
CUSTOMIZED COMMUNICATIONS BASED ON MEMBERS' INTERESTS, ONLINE
FUNDRAISING, SUPPORT FOR PUBLIC POLICY ADVOCACY AND CONFERENCE
LEARNING OPPORTUNITIES THROUGH WEBINARS. THE SITE REALIZED MORE
THAN 137,000 UNIQUE VISITORS IN 2012. AFHK ALSO APPEARED IN ONLINE

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

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ATTACHMENT 4 (CONT'D)

Page 2

AND PRINT PUBLICATIONS WITH NEARLY 1.4 BILLION MEDIA IMPRESSIONS.

AFHK HAS BEEN AN ADVOCATE FOR HEALTHIER SCHOOLS AND CHILDREN SINCE
ITS FOUNDING. AS CHILDHOOD OBESITY HAS BECOME INCREASINGLY
RECOGNIZED AS A NATIONWIDE EPIDEMIC, AFHK HAS BEEN ABLE TO
INCREASE OPPORTUNITIES FOR ITS MEMBERS TO BECOME INVOLVED IN A
VARIETY OF WAYS.