Form	990
Departm	ent of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

3 12 **Open to Public**

6

OMB No. 1545-0047

Inspection	
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Interr	nal Reve	enue Serv	ice		Information a	bout Form 9	990 and its	instructions	is at www.ir	s.gov/for	m990.		Inspection
AF	or th	ne 201	3 calei	ndar year, or t	ax year begir	nning		, 2013	s, and endir				, 20
-			C Nam	e of organization						0	D Employer id	entifica	tion number
BC	heck if a	pplicable:	AC:	FION FOR H	EALTHY KI	DS, INC.							
	Addre		Doing	g Business As							47-0902	2020	
	Name	e change	Num	ber and street (or	P.O. box if mail is	not delivered to	o street addres	ss)	Room/suite	E	Telephone n	umber	
	Initia	l return	600) W. VAN BI	UREN STRE	ET			720		(312) 21	2-08	68
	Term	inated	City	or town, state or p	rovince, country, a	and ZIP or fore	ign postal code	e					
	Amer		CH:	ICAGO, IL	60607						Gross receip	ts \$	4,091,066.
		cation		e and address of p		ROBER	T BISCE	GLIE		н	I(a) Is this a gro		
	_ pend	ing	600	W. VAN BI	UREN STRE	-		-	0607	н	subordinates (b) Are all subord		
1	Tax-ex	empt sta		X 501(c)(3)	501(c) (sert no.)	4947(a)(1)					see instructions)
				ACTIONFORH		, , , ,			01 02		I(c) Group exem		
				X Corporation	Trust	Association	Other D		I Voor o				f legal domicile: IL
	art I	-	nmary		Tust	ASSOCIATION	Other			nionnatio	n. 2002 m	State U	
									TNO OUTT			· ~	
	1			be the organizat		-							
ũ				IRISHMENT E									
rna				N TO EAT F									
Governance	-			x ► if the	0		•	•				1 1	1.4
ۍ م	3			oting members of								3	14.
es {	4			dependent voting								4	14.
Activities &	5			of individuals e								5	16.
Ċţ	6	Total r	number	of volunteers (es	stimate if neces	sary)						6	70,000.
◄				ed business reve								7a	
	b	Net ur	related	l business taxab	le income from	Form 990-T,	line 34 🔒					7b	
											Prior Year		Current Year
e	8	Contri	butions	and grants (Part	VIII, line 1h)				Y FOR		3,357,70	0.	4,005,706
Revenue	9	Progra	am serv	vice revenue (Part	VIII, line 2g)						73,12	21.	84,635
Sev	10	Invest	ment ir	come (Part VIII,	column (A), line	es 3, 4, and 7	/d)		NSPECTION		58	31.	725
	11	Other	revenu	e (Part VIII, colu	mn (A), lines 5,	6d, 8c, 9c, 1	0c, and 11e))				0	
	12	Total r	evenue	e - add lines 8 th	rough 11 (must	t equal Part V	/III, column (A), line 12)			3,431,40)2.	4,091,066
	13	Grants	s and s	imilar amounts p	aid (Part IX, colu	umn (A), line	s 1-3)				1,217,81	.9.	1,233,947
	14	Benef	enefits paid to or for members (Part IX, column (A), line 4)							0			
ş	15			er compensation							1,030,81	.8.	1,152,081
Expenses	16a	Profes	sional	fundraising fees	aising fees (Part IX, column (A), line 11e)							57,305	
xpe	b	Total f	undrais	ng expenses (Part IX, column (D), line 25) ▶269 , 732 .									
ш	17			es (Part IX, colu							1,660,86	52.	1,978,631
				es. Add lines 13-							3,909,49	9.	4,421,964
	19	Reven	ue less	expenses. Subt	ract line 18 fron	n line 12					97.	-330,898	
ces Se c										Beginni	ng of Current	Year	End of Year
sets	20	Total a	assets (Part X, line 16)							3,000,98	37.	2,781,804
Ass	21	Total I	iabilitie	s (Part X, line 26))						545,62	23.	657,338
Net Assets or Fund Balances	22			fund balances.							2,455,36	54.	2,124,466
	rt II			e Block									
Und	der pe	nalties o	r f perjury	, I declare that I h	ave examined th	is return, inclu	uding accomp	anying sched	ules and state	ments, and	d to the best o	f my kn	owledge and belief, it is
true	e, corre	ect, and	complete	e. Declaration of pr	eparer (other thar	n officer) is bas	sed on all info	rmation of wh	ich preparer ha	as any kno	wledge.		
Sig			Signatu	re of officer							Date		
He	re												
			Type or	print name and title	•								
		_		eparer's name		Preparer's si	gnature		Date		Check	if PT	IN
Paic	ł										self-employ	ed P	00362066
	parer	Firm's	name	► ERNST &	YOUNG IT	S. T.T.P							565596
Use	Only							TH 46004			Phone no.		<u>505550</u> 681-7000
May	/ tho I		auuress	▶ 111 MONUME	NT CIRCLE, SU	17E 4000 IN	DIANAPOLIS	s)				JT1-	
								~/			<u></u>		Yes X No Form 990 (2013)
or	гаре	WOrk	Reauct	ion Act Notice,	see me separat		13.						rom 330 (2013)

Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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?
	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.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$ _{3,353,050.} including grants of \$ _{1,219,359.}) (Revenue \$ _{84,635.})
	ATTACHMENT 2
h	(Code:) (Expenses \$ 327,423. including grants of \$) (Revenue \$)
	ATTACHMENT 3
	ATTACHMENT 5
<u>с</u>	(Code:) (Expenses \$ 153,694. including grants of \$) (Revenue \$)
Ŭ	
	ATTACIMENT 7
	Other program services (Describe in Schedule O.)
4	
d	
	(Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 3,834,167.

ACTION FOR HEALTHY KIDS, INC.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 3 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 I. 4 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 9	
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endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10	
	х
The in the organization's answer to any of the following questions is res, then complete beneatie b, ratio vi,	
VII, VIII, IX, or X as applicable.	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	
complete Schedule D, Part VI	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	
-	Х
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	
	Х
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e	Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f	Х
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	
complete Schedule D, Parts XI and XII	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	
	<u>X</u>
	X
	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	
fundraising, business, investment, and program service activities outside the United States, or aggregate	v
	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes." complete Schedule F. Parts II and IV	Х
	<u></u>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F. Parts III and IV</i>	х
	<u></u>
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? <i>If "Yes." complete Schedule G. Part I (see instructions</i>)	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on I I	
	Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
	Х
	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	

Part	Checklist of Required Schedules (continued)		г	Page 4
ιαπ	Checkist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~		28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
51	Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
5		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	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	50		- 22
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		- 22
30	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 16		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2.5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	50		
44	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	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	7.		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	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			
Ū	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.			
а	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:			
	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 11a	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ija		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form §	90 (2013) ACTION FOR HEALTHY KIDS, INC. 47-090	2020		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
Ia	If there are material differences in voting rights among members of the governing body at the end of the day year in the day in the day of the governing body at the end of the day year in the day of the governing body at the end of the day year in the day of the governing body at the end of the day year in the day of the governing body at the end of the day year in the day of the da	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
		1		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
	any other officer, director, trustee, or key employee?	2		А
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
Ň	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	Х	
	rise to conflicts?	12b	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40	Х	
	describe in Schedule O how this was done	12c	Λ	v
13	Did the organization have a written whistleblower policy?	13	37	X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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			
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Lit, KS, MA, NC, OH, WI,			
18	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 Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	v. and
	financial statements available to the public during the tax year.			,,
20	State the neme shushall address and talankans numbers of the person who persones the backs and records of the	ha		

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, SUITE 720 CHICAGO, IL 60607 312-212-0869

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors						
Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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.

				(0	C)					
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	•						Reportable	Reportable	Estimated amount of
	hours per week (list any					or/trust		compensation from	compensation from related	other
	hours for					-		the	organizations	compensation
	related	ndivi r dir	nstitu	Officer	ey e	ighe	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual trustee or director	Institutional trustee	Ÿ	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and related
	line)	r trus	al tr		byee	omp				organizations
		tee	uste			ensa				
			e			ated				
(1)ANTRONETTE K. YANCEY	2.00									
DIRECTOR	0	Х						0	0	0
(2)JULIE BOSLEY	2.00									
DIRECTOR	0	Х						0	0	0
(3)ROBERT MURRAY	2.00									
DIRECTOR	0	Х						0	0	0
(4)LOREN FISHER COLEMAN	2.00									
DIRECTOR	0	Х						0	0	0
_(5)JAMIE_CHRIQUI	2.00									
DIRECTOR	0	Х						0	0	0
(6)DAVID_SATCHER	2.00									
FOUNDING CHAIR	0	Х						0	0	0
(7)JUDITH YOUNG	2.00									
DIRECTOR	0	Х						0	0	0
(8) REGINALD L. WASHINGTON	2.00									
CHAIR	0	Х						0	0	0
(9)JEAN RAGALIE-CARR	2.00									
SECRETARY/TREASURER	0	Х						0	0	0
(10)JULIE O'DONNELL ALLEN	2.00									
DIRECTOR	0	Х						0	0	0
(11)ROEL GONZALEZ	2.00									
VICE CHAIR	0	Х						0	0	0
(12)SALLY SAMPSON	2.00									
DIRECTOR	0	Х						0	0	0
(13)ANN MARCHETTI	2.00									
DIRECTOR	0	Х						0	0	0
(14)MARTIN J. MCHALE, JR.	2.00									
DIRECTOR	0	Х						0	0	0

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ACTION FOR HEALTHY KIDS, INC.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es, a	and H	lig	hest Compensat	ed Employees	continue	ed)	
week (list any hours for box, unless person is both an officer and a director/trustee) from related							Reportable compensation from	n an com	(F) stimated nount of other pensatio	'n		
	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)	org	om the anizatior d related anization	
5) ROBERT BISCEGLIE CEO	40.00			x				167,649.		0	29,7	67
6) MARY GODLEWSKI COO	40.00	-				X		114,354.		D	3,0	
		-										
		-										
	+											
		-										
		-										
		-										
Ib Sub-total c Total from continuation sheets to Part VII, S	ection A		•••	•••				0 282,003.		0	32,8	
d Total (add lines 1b and 1c)								282,003.		0	32,8	61
2 Total number of individuals (including but not reportable compensation from the organization			liste 2	d al	bove	e) who	o re	ceived more than	\$100,000 of			
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul										3	Yes	No X
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,0	00?	P If	satioi "Yes	s,"	nd other compens complete Schedu	sation from the le J for such	4	X	
 Did any person listed on line 1a receive or for services rendered to the organization? If "Ya 	accrue co	mpen	sati	on f	from	n any	un			5		Х
Section B. Independent Contractors												
I Complete this table for your five highest com compensation from the organization. Report or year.												
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compens	sation	
							+					

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

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Par	t VII	Statement of Revenue Check if Schedule O contains a response or note to a	any line in this Part	VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: 113,690.	4,005,706.			
ne		Business Code				
Program Service Revenue	2a b c d	CONFERENCE FEES	84,635.	84,635.		
graı	e					
Pro	f g	All other program service revenue	84,635.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts).	• 725. • 0			725.
	6a b c	(i) Real (ii) Personal Gross rents				
	d 7a	Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory (ii) Other	•			
	b c d	Less: cost or other basis and sales expenses Gain or (loss)	• 0			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	_			
the	b	Less: direct expenses b				
ot	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	• 0			
	b c	Less: direct expenses	• 0			
		Gross sales of inventory, less returns and allowances a	_			
	b c	Less: cost of goods sold	• 0			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	с					
	d	All other revenue				
	е 12	Total. Add lines 11a-11d		<u> </u>		
	14	Total revenue. See instructions	4,091,066.	84,635.		725.

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 or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and 1,233,947 1,233,947. organizations in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals in 0 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 C 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 197,416. 167,804 19,741 9,871. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ٢ 7 Other salaries and wages 797,459. 677,840 79,746 39,873. 8 Pension plan accruals and contributions (include section C 401(k) and 403(b) employer contributions) 74,118 7,412 3,705. 63,001 9 Other employee benefits 83,088. 70,625. 8,309 4,154. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 18,433. 14,747 3,686. b Legal 10,000 66,420. 45,136 11,284. c Accounting d Lobbying C 57,305. 57,305. e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 270,540. 164,978 48,860 56,702. (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 0 188,467. 172,012 5,379 11,076. 13 Office expenses 117,199 58,599. 17,580 41,020. 14 Information technology 0 15 Royalties 88,317. 75,069 8,832 4,416. Occupancy 16 326,285. 287,633. 29,868 8,784. 17 Travel Payments of travel or entertainment expenses 18 Ω for any federal, state, or local public officials 10,555. 7,916 2,639. 19 Conferences, conventions, and meetings 0 Interest 20 C 21 Payments to affiliates 18,808. 14,106 4,702. 22 Depreciation, depletion, and amortization 9,799 8,329. 980. 490. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 825,789. 816,725 9,064. aPROJECT_EXPENSES_____ bPOSTAGE & DELIVERY 34,167 27,605 6,372 190. 3,081 771. cPAYROLL_SERVICES_____ 3,852 d _____ e All other expenses _____ 4,421,964 318,065 269,732. 3,834,167 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720) 0

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ACTION FOR HEALTHY KIDS, INC.

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Pa	nrt X	Balance Sheet					
		Check if Schedule O contains a response or	r note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,251,718.	1	1,943,407.
	2	Savings and temporary cash investments			0	2	(
	3	Pledges and grants receivable, net		[674,898.	3	785,762.
	4	Accounts receivable, net		[0	4	(
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	(
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu					
Assets		organizations (see instructions). Complete Part II of Sche		0	6	(
	7	Notes and loans receivable, net			0	7	(
	8	Inventories for sale or use			0	8	(
	9	Prepaid expenses and deferred charges			33,026.	9	24,229.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			41,345.		28,406.
	11	Investments - publicly traded securities				11	(
	12	Investments - other securities. See Part IV, line 11				12	(
	13	Investments - program-related. See Part IV, line 11		13	(
	14	Intangible assets				14	(
	15	Other assets. See Part IV, line 11				15	(
	16	Total assets. Add lines 1 through 15 (must equal			3,000,987.		2,781,804.
	17	Accounts payable and accrued expenses			545,623.		657,338.
	18	Grants payable				18	(
	19	Deferred revenue			0	19	(
	20	Tax-exempt bond liabilities				20	(
ies	21	Escrow or custodial account liability. Complete Pa			0	21	(
ij	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		,
-		disqualified persons. Complete Part II of Schedule				22	(
	23	Secured mortgages and notes payable to unrelate				23 24	(
	24	Unsecured notes and loans payable to unrelated			0	24	(
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines of Schedule D			0	25	(
	26	of Schedule D Total liabilities. Add lines 17 through 25			545,623.	25 26	657,338.
	20	Organizations that follow SFAS 117 (ASC 958),			545,025.	20	057,550.
ses		complete lines 27 through 29, and lines 33 and	34.				
anc	27	Unrestricted net assets		833,314.	27	835,433.	
Bal	28	Temporarily restricted net assets	1,622,050.	28	1,289,033.		
p	29	Permanently restricted net assets	0	29	(
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), checł	there 🕨 🔄 and			
ts (30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ				31	
Ă	32	Retained earnings, endowment, accumulated inc				32	
Net	33				2,455,364.	33	2,124,466.
_	24	Total liabilities and not assets/fund balances	• • • •	•••••	3 000 997	24	2 7 9 1 9 0 4

Form **990** (2013)

2,781,804.

3,000,987. 34

Total liabilities and net assets/fund balances

34

|--|

 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 	age 12	Pa			90 (2013)	Form 99				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 091, 0 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 421, 9 3 Revenue less expenses. Subtract line 2 from line 1 3 -330, 8 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 455, 3 5 Net unrealized gains (losses) on investments 6 7 6 7 1 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a 11 Yes," check a box below to indicate whether the financial statements for the year were audited or reviewed on a separate basis, consolidated basis, or both: 2a 2b X 12 Were the organization's					t XI Reconciliation of Net Assets	Part				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 4,421,9 3 Revenue less expenses. Subtract line 2 from line 1 4 2,455,3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 0 7 Investment expenses. 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 33 column (B) 9 Investments and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 0 Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a Urif "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 </th <th></th> <th><u></u></th> <th></th> <th><u></u></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th>		<u></u>		<u></u>	Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 421, 9 3 Revenue less expenses. Subtract line 2 from line 1 3 -330, 8 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 455, 3 5 6 6 6 6 7 1 8 9 Other changes in net assets or fund balances (explain in Schedule O) 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 2, 124, 4 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 2, 124, 4 9 Check if Schedule O contains a response or note to any line in this Part XII 10 2, 124, 4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2, 124, 4 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a 2a 1 Accounting method used to prepare the Form 990:	066.	91,	4,0	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
3 Revenue less expenses. Subtract line 2 from line 1	964.	,21	4,4	2		2				
1 Net used balances of boginning of year (indet equal for X, inc es, extention (v)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 investment expenses 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2 2, 124, 4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 First," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 1 Yes," check a box below to indicate whether the financia										
6 Donated services and use of facilities	364.	.55,	2,4	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,124,4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a 2a 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X X Yes X Se	0			5	Net unrealized gains (losses) on investments	5				
 8 Prior period adjustments	0			6	Donated services and use of facilities	6				
 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Za X 	0			7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,124,4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2,124,4 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Here organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a 2a 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a 2a 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated b	0			8	Prior period adjustments	8				
33, column (B)) 2,124,4 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2,124,4 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	0			9	Other changes in net assets or fund balances (explain in Schedule O)	9				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check is prepare the Form 990: Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check allow of the comparization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Image: Check allow below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Image: Check allow below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Check allow below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Check allow below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Check allow below to indicate basis Image: Check allow below to indicate basis Image: Check allow below to indicate basis Image: Check al						10				
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 Accounting method used to prepare the Form 990: Cash X Accrual Other_I other_I explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis, consolidated basis, or both: Consolidated										
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis	No	Yes								
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a 2a Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X				<u></u>		1				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis				plain in						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im	x					2-				
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis			Za			Za				
Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis Image: Consolidated				blied of	•					
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis										
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		v	26			_				
separate basis, consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis <td>-</td> <th></th> <th>20</th> <th></th> <td></td> <td>b</td>	-		20			b				
X Separate basis Consolidated basis Both consolidated and separate basis				ed on a	•					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		x	20	-		С				
			20							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				piain in						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				forth in		20				
the Single Audit Act and OMB Circular A-133?	x		3a			зa				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	+			rao the		h				
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b			3b			IJ				

SCHEDULE A

(Form	990	or	990)-EZ)
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Public Charity Status and Public Support

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

	t of the Treasury venue Service	Information about Sch	Attach to Form 990 edule A (Form 990 or 990-I	or Fori EZ) and	m 990-l its inst	EZ. tructions	is at wv	vw.irs.g	ov/form9		Open to Inspec		
Name of t	he organization							Emplo	yer iden	tificatio	n numb	er	
ACTION	FOR HEALTH	HY KIDS, INC.							47-	-0902	2020		
Part I	Reason for I	Public Charity Statu	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions				
The orga	nization is not a	private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1	A church, conv	ention of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i))_				
2	A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3	A hospital or a	cooperative hospital s	ervice organization descr	ibed in	sectio	on 170(k	o)(1)(A)	(iii).					
4	A medical res	earch organization op	erated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(k	o)(1)(A	.)(iii). I	Enter	the
	hospital's name	e, city, and state:											
5	An organizatio	n operated for the be	nefit of a college or univ	rersity	owned	l or ope	erated b	by a go	vernme	ntal u	nit des	cribe	d in
	section 170(b)	(1)(A)(iv). (Complete F	Part II.)										
6	A federal, state	e, or local government	or governmental unit des	cribed	in sect	tion 170)(b)(1)(/	A)(v).					
7 X	An organizatio	n that normally receive	es a substantial part of it	is supp	ort fro	om a go	vernme	ental ur	nit or fro	om the	gene	ral pu	ıblic
	described in se	ection 170(b)(1)(A)(vi).	(Complete Part II.)										
8	A community to	rust described in secti	on 170(b)(1)(A)(vi). (Com	nplete F	Part II.)								
9	An organizatio	n that normally receive	es: (1) more than 331/39	6 of its	suppo	ort from	contrib	outions,	memb	ership	fees, a	and g	ross
	receipts from a	activities related to its	exempt functions - sub	ject to	certai	n exce	otions, a	and (2)	no mo	re tha	n 331/	3 % O	f its
	support from	gross investment inco	ome and unrelated busi	ness t	axable	incom	e (less	sectio	n 511	tax) fr	om bu	usines	ses
		-	ne 30, 1975. See section	-		-		-					
10	•	•	ted exclusively to test for	•	•								
11	-		rated exclusively for the			-					-		
			pported organizations de					-			-	sec	tion
			es the type of supporting	•						•			
	a Type I	b Type II	c Type III-Functio	-	-			•••	I-Non-fu		•	•	
e			e organization is not con			-	-	-		-			
		-	other than one or more	public	y supp	orted o	rganiza	itions c	lescribe	d in se	ection	509(a	ı)(1)
	or section 509(100		· -			-				
f	-		n determination from th	e IRS	that it	is a l	ype I, I	ype II,	or Typ	e III si	upport	ing Г	
	organization, c											L	
g	-	-	nization accepted any gif	t or co	ntributi	ion from	n any or	the					
	following perso		the control of these slows						al i.a. (ii)			Yes	No
			tly controls, either alone	-	einer	with pe	rsons a	escribe	a in (ii)	and	11 (1)	Tes	
			the supported organizati	on?	• • •						11g(i) 11g(ii)		
		ember of a person des	ion described in (i) or (ii) a	hovo?	• • •	• • • •			• • • •		11g(iii)		
h		• •									119(11)		
 	ame of supported	(ii) EIN	ut the supported organiz		ls the		ou notify	6.6	Is the		mount o	fmono	ton
(I) N	organization		(described on lines 1-9	organi	zation in		anization		zation in	(*") ^	suppo		tary
			above or IRC section (see instructions))	yourg	listed in overning		bort?		u.S.?				
				Yes	ment?	Yes	No	Yes	No				
(A)													
(B)													
(C)													
(D)													
				1									
(E)													
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

2013	
Open to Public	

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,876,943.	4,113,534.	4,407,736.	3,357,700.	4,005,706.	19,761,619.
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	3,876,943.	4,113,534.	4,407,736.	3,357,700.	4,005,706.	19,761,619.
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)						9,948,952.
6	Public support. Subtract line 5 from line 4.						9,812,667.
	tion B. Total Support	() 0000	(1) 00 (0)	() 00 ((()) 0 0 (0	() 22(2)	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,876,943.	4,113,534.	4,407,736.	3,357,700.	4,005,706.	19,761,619.
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on	4,586.	2,421.	413.	581.	725.	8,726.
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						19,770,345.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	321,640.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2013 (li					14	49.63%
15	Public support percentage from 2012					15	50.37%
16a	331/3% support test - 2013. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2012. If the o						
47-	check this box and stop here. The orga			•••			
17a	a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						xplain in
b	Part IV how the organization meets to organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization	2012. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	► and line
18	Explain in Part IV how the organizati supported organization Private foundation. If the organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
	instructions						<u>▶□</u>
					•		0 000 ET) 001

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	Total. Add lines 1 through 5						
7a	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						
c	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•			
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
40	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 organizatio	n's first, second.	third, fourth, or	fifth tax vear a	as a section 501	(c)(3)
••	organization, check this box and stop here.	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2013 (lin			13, column (f))		17	%
18	Investment income percentage from 2012					18	%
	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3%, check				-		
20	Private foundation. If the organization		•	•			
JSA	-						990 or 990-EZ) 2013

Page 4

Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. 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 instructions).

JSA 3E1251 1.000 71066T 1143

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

ACTION FOR HEALTHY KIDS, INC.

47-0902020

Organization type (check one):

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Internal Revenue Service

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it 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.

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number 47-0902020

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		\$550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$ <u>577,043.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number 47-0902020

(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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4
Name of o	rganization ACTION FOR HEALTHY KIE	DS, INC.		Employer identification number
Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the For organizations completing Part III, contributions of \$1,000 or less for th	year. Complete colu enter the total of exe	imns (a) throug clusively religiou	h (e) and the following line entry. us, charitable, etc.,
	Use duplicate copies of Part III if addit			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship 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, a	nd ZIP + 4	Rela	ationship 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, a	nd ZIP + 4	Rela	ationship 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, a			ationship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► 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

OMB No. 1545-0047

	rtment of the Treasury	Nutrien allow a based Only daily	Attach to Form 990.		· ···· ·······························	Open to F	
	al Revenue Service	Information about Schedule	D (Form 990) and its in	structions is at www		Inspectio	'n
	of the organization					ification number	
		THY KIDS, INC.			47-090	2020	
Par	Complete	ons Maintaining Donor Advis if the organization answered "	ed Funds or Other S Yes" to Form 990, Pa	art IV, line 6.	Accounts.		
	·	<u>~</u>	(a) Donor advi		(b) Funds a	and other account	S
1	Total number at e	nd of year					
2		outions to (during year)					
3		from (during year)					
4		at end of year					
5		ion inform all donors and donor	advisors in writing that	t the assets held i	in donor advised		
-	-	anization's property, subject to the	-				No
6	•	on inform all grantees, donors, ar	•	•			
•	-	purposes and not for the benefi					
		nissible private benefit?					No
Par	t Conservati	on Easements. Complete if the	ne organization ansv	vered "Yes" to Fo	orm 990. Part IV		
1		servation easements held by the				,	
	Preservation	n of land for public use (e.g., recr	eation or education)	Preservation	of an historically	important land	area
		f natural habitat	,		of a certified his	•	
	Preservation	n of open space					
2		a through 2d if the organization h	eld a qualified conserv	ation contribution	in the form of a c	conservation	
		last day of the tax year.					
					Held at	the End of the Ta	ax Year
а	Total number of c	onservation easements			_ 2a		
b		tricted by conservation easements					
с	-	rvation easements on a certified					
d		rvation easements included in (c)					
		listed in the National Register			_ 2d		
3		rvation easements modified, tran				anization during t	the
		·	, ,	5	, ,	5	
4		where property subject to conse	rvation easement is loc	ated ►			
5		ation have a written policy regard					
	-	forcement of the conservation ea			-	Yes	
6		er hours devoted to monitoring, ir					
	▶			0	0	2	
7	Amount of expense	ses incurred in monitoring, inspec	ting, and enforcing co	nservation easem	ents during the ye	ear	
	▶\$						
8	Does each conse	rvation easement reported on lin	e 2(d) above satisfy th	e requirements of	section 170(h)(4)(В)	
		D(h)(4)(B)(ii)?					No
9	In Part XIII, descr	ibe how the organization reports	conservation easemer	nts in its revenue a	nd expense stater	ment, and	
		d include, if applicable, the text of		rganization's finar	ncial statements th	hat describes the	e
	-	counting for conservation easeme					
Par		tions Maintaining Collections			er Similar Asse	ets.	
	Complete	e if the organization answered	"Yes" to Form 990,	Part IV, line 8.			
1a	works of art, his	n elected, as permitted under SI torical treasures, or other simila	ar assets held for put	olic exhibition, ec	ducation, or rese	earch in further	e sheet ance of
		ovide, in Part XIII, the text of the fo					
b		n elected, as permitted under to to the similation of the similati					
		ovide the following amounts relation					
		uded in Form 990, Part VIII, line 1	•			►\$	
		ed in Form 990, Part X					
2	.,	n received or held works of a					
-	•	s required to be reported under S					
а	-	d in Form 990. Part VIII. line 1				► \$	

b	Assets included in Form 990, Part X				
a	Revenues included in Form 550, Fart vin, line F			•	

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Schedule D (Form 990) 2013

▶ \$

ACTION FOR HEALTHY KIDS, INC.

Sche	dule D (Form 990) 2013									Page 2
Par	t III Organizations Maintaini	ng Collections of	f Art, Hist	orical T	reasur	es, (or Other Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition collection items (check all that app		other recor	ds, check	any of	f the	following that a	are a sigr	nificant us	e of its
а	Public exhibition		d 🗌				programs			
b	Scholarly research		е	Other						
С	Preservation for future gene									
4	Provide a description of the organ XIII.	nization's collection	s and expla	ain how t	hey fur	ther	the organization	's exemp	t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rath								Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or	rrangements. Con	nplete if th						0, Part IV	, line 9,
1a	Is the organization an agent, truste	e, custodian or othe	er intermedi	ary for co	ntributio	ons c	or other assets no	ot		
	included on Form 990, Part X?			-				_	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the foll	owing tab	le:					
							A	mount		
с	Beginning balance					1c				
d	Additions during the year				[1d				
е	Distributions during the year				[1e				
f	Ending balance					1f				
2a	Did the organization include an am	ount on Form 990,	Part X, line	21?				[Yes	No
	If "Yes," explain the arrangement in									
Par	t V Endowment Funds. Com	plete if the organ	ization ans	wered "	Yes" to	For	<u>m 990, Part IV,</u>	line 10.		
		(a) Current year	(b) Prio	r year	(c) Two	o year	s back (d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage				column	(a))	held as:			
a	Board designated or quasi-endown	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
	Permanent endowment Temporarily restricted endowment	% t►%								
C	The percentages in lines 2a, 2b, ar	•								
20	Are there endowment funds not in	-		tion that	ara hala	1 and	d administered for	tho		
Ja	organization by:		ne organiza					uie	V	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(i)	
b	If "Yes" to 3a(ii), are the related or								3b	
4	Describe in Part XIII the intended u		•						50	
	t VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza	ation answered "Ye								
	Description of property		r other basis stment)	(b) Cost o (ot	r other ba: ther)	sis	(c) Accumulated depreciation	(0	d) Book value	e
1a	Land	,	,		,					
b	Buildings									
с	Leasehold improvements				29,49	4.	13,990.		1	5,504.
d	Equipment				73,50	2.	60,600.			2,902.
е	Other									
Tota	I. Add lines 1a through 1e. (Column	ו (d) must equal Form	m 990, Part	X, column	(B), lin	e 10((c).) •		28	3,406.

Schedule D (Form 990) 2013

Schedule D (F	Form 990) 2013		Page 3
Part VII	Investments - Other Securities. Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		ered "Ves" to Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) BOOK Value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	ared "Vee" to Ferm 000	
	Complete if the organization answ		Part IV, line 11d. See Form 990, Part X, line 15.
(1)		(a) Description	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col.	(B) line 15.)	<u></u> ▶
Part X	Other Liabilities.		
	Complete if the organization answ line 25.	ered "Yes" to Form 990, F	Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line	25.) ►	
			organization's financial statements that reports the

Creating for uncertain tax positions. In Fait Alli, provide the text of the toothote to the organization's financial statements that reports the
 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the foothote has been provided in Part XIII
 JSA
 JSA
 JE1270 1.000
 71066T 1143
 V 13-6.3F

Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,091,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,091,066.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,001,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
c		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4C 5	4,091,066.
Part		-	4,091,000.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	arn.	
1	Total expenses and losses per audited financial statements	1	4,421,964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	1,121,901.
a			
a b		-	
		-	
ک اہ		-	
d	Other (Describe in Part XIII.)		
e		2e	4 401 064
3	Subtract line 2e from line 1	3	4,421,964.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,421,964.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part II, lines 2d and 4b, and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Part XIII Supplemental Information (continued)

	Supplemer	ntal Information R	Regarding	a Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G		the organization answe		-			୬ ଲ 12
(Form 990 or 990-EZ)		organization entered					
Department of the Treasury	Information at	Dout Schedule G (Form		or Form 990 Z) and its in:		s.gov/form990.	Open to Public Inspection
Internal Revenue Service Name of the organization						Employer identification	•
ACTION FOR HEALT	HY KIDS. INC.					47-0902020	
Eundraisi	ng Activities. Con	nplete if the organ	nization a	nswered	"Yes" to Form 9		
	-EZ filers are not					,,	
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	III that apply.	
a 📃 Mail solicitat	ions	е	X Solic	itation of	non-government g	rants	
b Internet and	email solicitations	f	X Solic	itation of	government grants	6	
c Phone solicit	ations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	licitations						
 2a Did the organizat or key employee b If "Yes," list the t 	s listed in Form 990	, Part VII) or entity	in connec	tion with p	orofessional fundrai	sing services?	X Yes No
	east \$5,000 by the		(runaraioe		and to agreements		
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1		GRANT					
KAY HANNA		WRITER		Х	238,250.	57,305.	238,250.
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					238,250.	57,305.	238,250.
	which the organiza ensing.			d to solicit			

Schedule G (Form 990 or 990-EZ) 2013

	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	t contributions and gro			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
	-	(event type)	(event type)	(total number)	col. (c))
.	1 Gross receipts				
	2 Less: Contributions				
:	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
;	8 Entertainment				
9	9 Other direct expenses				
	0 Direct expense summary. Add lines 4	through 9 in column (-1)	•	
10					
1	1 Net income summary. Subtract line 10 t III Gaming. Complete if the orga	0 from line 3, column (Inization answered '	(d)	<u> </u>	rted more
1	1 Net income summary. Subtract line 1	0 from line 3, column (Inization answered '	(d)	<u> </u>	(d) Total gaming (ad
1	1 Net income summary. Subtract line 10 t III Gaming. Complete if the orga	0 from line 3, column (Inization answered ' Z, line 6a.	d)	t IV, line 19, or repo	(d) Total gaming (ad
1	1 Net income summary. Subtract line 10 t III Gaming. Complete if the orga	0 from line 3, column (Inization answered ' Z, line 6a.	(d)	t IV, line 19, or repo	(d) Total gaming (ad
	1 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E	0 from line 3, column (Inization answered ' Z, line 6a.	(d)	t IV, line 19, or repo	(d) Total gaming (ad
	 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E. Gross revenue 	0 from line 3, column (Inization answered ' Z, line 6a.	(d)	t IV, line 19, or repo	(d) Total gaming (ad
1 [·]	 Net income summary. Subtract line 10 Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes 	0 from line 3, column (Inization answered ' Z, line 6a.	(d)	t IV, line 19, or repo	
	 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E. Gross revenue	D from line 3, column (Inization answered ' Z, line 6a. (a) Bingo	(d)	t IV, line 19, or repo	(d) Total gaming (ad
	 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs 	D from line 3, column (Inization answered ' Z, line 6a. (a) Bingo	(d)	t IV, line 19, or repo	(d) Total gaming (ad
	 Net income summary. Subtract line 10 Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	2 from line 3, column (inization answered ' Z, line 6a. (a) Bingo	(d)	t IV, line 19, or repo	(d) Total gaming (a
	 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	D from line 3, column (Inization answered ' Z, line 6a. (a) Bingo (a) Bingo Ves No through 5 in column ((d) Yes" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo (b) Pull tabs/instant (b) Pull tabs/instant (a) Pull tabs/instant (b) Pull tabs/instant (b) Pull tabs/instant (b) Pull tabs/instant (c) Pull tabs/instant (c) Pull tabs/instant	t IV, line 19, or repo (c) Other gaming	(d) Total gaming (ad
	 Net income summary. Subtract line 10 Gaming. Complete if the orgation than \$15,000 on Form 990-E. Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra 	D from line 3, column (Inization answered ' Z, line 6a. (a) Bingo (a) Bingo Yes No through 5 in column (ct line 7 from line 1, c on operates gaming a	(d)	IV, line 19, or repo (c) Other gaming (c) Other gaming Yes% No No No	(d) Total gaming (ac col. (a) through col. (
art	 Net income summary. Subtract line 10 Gaming. Complete if the orgation shows a straight of the organization licensed to operate g Gross revenue Gross revenue Gross revenue Gross revenue Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra 	D from line 3, column (Inization answered ' Z, line 6a. (a) Bingo (a) Bingo Yes No through 5 in column (ct line 7 from line 1, c on operates gaming a	(b) Pull tabs/instant (b) Pull tabs/instant bingo/progressive bingo % Yes% % Yes% % Yes% % Yes% % Yes% % Yes% ho No	IV, line 19, or repo (c) Other gaming (c) Other gaming Yes% No No No	(d) Total gaming (ac col. (a) through col. (
arti arti arti a	 Net income summary. Subtract line 10 Gaming. Complete if the orgation shows a straight of the organization licensed to operate g Gross revenue Gross revenue Gross revenue Gross revenue Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra 	0 from line 3, column (Inization answered ' Z, line 6a. (a) Bingo (a) Bingo Image: Second structure Yes No through 5 in column (ct line 7 from line 1, c on operates gaming a aming activities in eac	(b) Pull tabs/instant (b) Pull tabs/instant bingo/progressive bingo % Yes% % Yes% % Yes% % Yes% bingo/progressive bingo % % Yes% % Yes% % Yes% ho No bingo/progressive bingo %	t IV, line 19, or repo (c) Other gaming	(d) Total gaming (ac col. (a) through col. (

ACTION	FOR	HEALTHY	KIDS,	INC.

Sched	lule G (Form 990 or 990-EZ) 2013	1, 0,0	2020	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	records:			
	Name ►			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives g	-		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ a	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Namo N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Marshare and Parts the stress			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-			
	retain the state gaming license?		Yes	No
a	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year > \$	nizations	i	
Par		(iii) and	(y) and	
Fai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to			
	additional information (see instructions).		o any	

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	OMB No. 1545-0047	
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. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection	
Name of the organization		Employer identification number	
ACTION FOR HEALTHY KIDS, INC.		47-0902020	
Part I General In	formation on Grants and Assistance	·	
1 Deep the organize	tion mointain records to substantiate the amount of the grants or applications, the grantses' sligibility for the grants	or againtance, and	

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. X Yes

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.

1 (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) EL MONTE CITY SCHOOL DISTRICT							
3540 N LEXINGTON AVENUE EL MONTE, CA 91731	95-6001074	115	38,500.				SCHOOL GRANT
(2) DENVER_PUBLIC_SCHOOL DIST_1							
900 GRANT STREET DENVER, CO 80203	84-6001099	115	15,000.				SCHOOL GRANT
(3) EAGLE CO SCHOOL DIST 50-J							
948 CHAMBERS AVENUE EAGLE, CO 81631	84-6012253	115	10,000.				SCHOOL GRANT
(4) WELD CO SD RE-6 GREELEY							
1025 9TH AVENUE GREELEY, CO 80631	84-6002058	115	10,500.				SCHOOL GRANT
(5) MERIDEN PUBLIC SCHOOL DISTRICT							
22 LIBERTY STREET MERIDEN, CT 06450	06-6001893	115	15,000.				SCHOOL GRANT
(6) WINDHAM PUBLIC SCHOOLS							
979 MAIN STREET WILLIMANTIC, CT 06226	06-6002135	115	20,000.				SCHOOL GRANT
(7) LEON COUNTY SCHOOL BOARD							
2757 W. PENSACOLA ST. TALLAHASSEE, FL 32304	59-6000709	115	20,000.				SCHOOL GRANT
(8) SANTA ROSA CO SCHOOL DISTRICT							
5086 CANAL STREET MILTON, FL 32570-6706	59-6000845	115	27,360.				SCHOOL GRANT
(9) BIBB CO_SCHOOL DISTRICT							
484 MULBERRY STREET MACON, GA 31201	58-6000191	115	7,000.				SCHOOL GRANT
(10) BRANTLEY CO SCHOOL DISTRICT							
272 SCHOOL CIRCLE NAHUNTA, GA 31553	58-6000194	115	10,000.				SCHOOL GRANT
(11) CARROLLTON_CITY_SCHOOL_DISTRICT							
106 TROJAN DRIVE CARROLLTON, GA 30117	58-6000140	115	6,500.				SCHOOL GRANTS
(12) CATOOSA CO SCHOOL DISTRICT							
307 CLEVELAND STREET RINGGOLD, GA 30736			10,000.				SCHOOL GRANTS
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste	ed in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u></u>	
For Paperwork Reduction Act Notice, see the Inst	structions fo	r Form 990.					ule I (Form 990) (201

JSA

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13	
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. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection	
Name of the organization		Employer identification number	
ACTION FOR HEALTH	HY KIDS, INC.	47-0902020	
Part I General Info	rmation on Grants and Assistance		
1 Dece the ergenization	an maintain reported to autostantiate the amount of the grants or applications. The grants call aligibility for the grants	ar againtanga and	

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. X Yes

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.

1 (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) FULTON CO SCHOOL DISTRICT							
786 CLEVELAND AVE SW ATLANTA, GA 30315	58-6000246	115	23,600.				SCHOOL GRANT
(2) POLK SCHOOL DISTRICT							
612 S COLLEGE ST CEDARTOWN, GA 30125	58-6000304	115	15,000.				SCHOOL GRANT
(3) CALUMET PUBLIC SCHOOL DIST 132							
1440 W VERMONT AVE CALUMET PARK, IL 60827	36-6004347	115	15,000.				SCHOOL GRANT
(4) INDIANAPOLIS_PUBLIC_SCHOOL DISTRICT							
120 E WALNUT ST INDIANAPOLIS, IN 46204	35-6002486	115	10,000.				SCHOOL GRANT
(5) PERRY CO SCHOOL DISTRICT							
315 PARK AVENUE HAZARD, KY 41701	61-6001294	115	7,000.				SCHOOL GRANT
(6) TRIMBLE CO_SCHOOL DISTRICT							
68 WENTWORTH AVE BEDFORD, KY 40006	61-6001243	115	15,000.				SCHOOL GRANT
(7) FIRSTLINE_SCHOOLS							
3649 LAUREL ST NEW ORLEANS, LA 70115	72-1409800	115	15,000.				SCHOOL GRANT
(8) GLOUCESTER PUBLIC SCHOOL DIST							
	04-6001390	115	10,000.				SCHOOL GRANT
(9) PRINCE_GEORGES CO_SCHOOL_DISTRICT							
14201 SCHOOL LN UPPER MARLBORO, MD 20772	52-6000992	115	18,500.				SCHOOL GRANT
(10) WEST_IRON_CO_PUBLIC_SCHOOL DISTRICT							
601 GARFIELD AVE IRON RIVER, MI 49935	38-1850679	115	15,000.				SCHOOL GRANT
(11) BROOKLYN CENTER IND SD 286							
6500 HUMBOLDT AVE BROOKLYN CENTER, MN 55430	41-6009038	115	10,000.				SCHOOL GRANT
(12) KEMPER_CO_SCHOOL_DISTRICT							
	64-6000546	115	10,000.				SCHOOL GRANT
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tab	e		▶	
3 Enter total number of other organizations liste	d in the line	1 table					
For Paperwork Reduction Act Notice, see the Ins	structions fo	or Form 990.					ule I (Form 990) (201

JSA

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	OMB No. 1545-0047	
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. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection	
Name of the organization		Employer identification number	
ACTION FOR HEALTHY KIDS, INC.		47-0902020	
Part I General In	formation on Grants and Assistance	·	
1 Deep the organize	tion mointain records to substantiate the amount of the grants or applications, the grantses' sligibility for the grants	or againtance, and	

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. X Yes

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.

1 (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) MARION COUNTY SCHOOL DISTRICT							
1010 HIGHWAY 13 N STE 2 COLUMBIA, MS 39429	64-6000671	115	10,000.				SCHOOL GRANT
(2) CHARLOTTE-MECKLENBURG SCHOOL DIST	_						
701 MARTIN LUTHER KING CHARLOTTE, NC 28202	56-6001074	115	20,000.				SCHOOL GRANTS
(3) WILKES CO SCHOOL DISTRICT							
613 CHERRY ST NORTH WILKESBORO, NC 28659	56-6001133	115	10,000.				SCHOOL GRANT
(4) JERSEY_CITY_PUBLIC_SCHOOL_DISTRICT	_						
346 CLAREMONT AVE JERSEY CITY, NJ 07305	22-6002012	115	15,000.				SCHOOL GRANT
(5) WESTBURY UNION FREE SCHOOL DISTRICT	_						
2 HITCHCOCK LN OLD WESTBURY, NY 11568	11-2323623	115	10,000.				SCHOOL GRANT
(6) AKRON CITY SCHOOLS DIST	_						
70 N BROADWAY AKRON, OH 44308	34-6000033	115	15,000.				SCHOOL GRANT
(7) CLEVELAND METRO_SCHOOL_DISTRICT	_						
1380 E SIXTH ST CLEVELAND, OH 44114	34-6000662	115	15,000.				SCHOOL GRANT
(8) MARION CITY SCHOOL DISTRICT	_						
420 PRESIDENTIAL DR STE B MARION, OH 43302	31-6400708	115	12,500.				SCHOOL GRANT
(9) TOLEDO PUBLIC_SCHOOLS	_						
420 E MANHATTAN BLVD TOLEDO, OH 43608	34-6401449	115	37,700.				SCHOOL GRANT
(10) LEBANON_SCHOOL DISTRICT	_						
1000 S 8TH ST LEBANON, PA 17042	23-1646050	115	15,000.				SCHOOL GRANT
(11) PANTHER VALLEY SCHOOL DISTRICT	_						
PO BOX 40 LANSFORD, PA 18232	23-1667977	115	15,000.				SCHOOL GRANT
(12) PHILADELPHIA SCHOOL DISTRICT							
440 N BROAD ST PHILADELPHIA, PA 19130	23-6004102		26,000.				SCHOOL GRANT
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u></u>	

JSA

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13
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. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection
Name of the organization		Employer identification number
ACTION FOR HEALTH	Y KIDS, INC.	47-0902020
Part I General Infor	mation on Grants and Assistance	•
A Desethe encoderation		an analatan an a

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? Yes
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.

1 (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) SCRANTON SCHOOL DISTRICT							
425 N WASHINGTON AVE SCRANTON, PA 18503	24-6001221	115	15,000.				SCHOOL GRANT
(2) DENTON_IND_SCHOOL DISTRICT							
1307 N LOCUST DENTON, TX 76201	75-6001311	115	10,000.				SCHOOL GRANT
(3) HIGHLINE SCHOOL DISTRICT 401							
15675 AMBAUM BLVD SW BURIEN, WA 98166	91-6001631	115	15,000.				SCHOOL GRANT
(4) CABELL CO SCHOOL DISTRICT							
2850 5TH AVE HUNTINGTON, WV 25702	55-6000306	115	7,000.				SCHOOL GRANT
(5) DISTRICT OF COLUMBIA PUBLIC SCHOOLS							
825 N CAPITAL ST NE WASHINGTON, DC 20002	53-6001131	115	8,000.				SCHOOL GRANT
(6) BALTIMORE CITY PUBLIC SCHOOL SYSTEM							
200 E NORTH AVE BALTIMORE, MD 21202	52-2064235	115	6,000.				SCHOOL GRANT
(7) BOARD OF EDUCATION BALTIMORE COUNTY							
6901 CHARLES ST TOWSON, MD 21204	52-6000886	115	7,000.				SCHOOL GRANT
(8) CECIL COUNTY BOARD OF EDUCATION							
201 BOOTH ST ELKTON, MD 21921	52-6000923	115	10,000.				SCHOOL GRANT
(9) LAREDO ISD							
1701 HOUSTON ST LAREDO, TX 78043	74-6001580	115	12,600.				SCHOOL GRANT
(10) AURORA PUBLIC SCHOOLS							
15701 E 1ST AVE STE 217 AURORA, CO 80011	84-6000870	115	12,600.				SCHOOL GRANT
(11) BARREN COUNTY SCHOOLS							
202 W WASHINGTON ST GLASGOW, KY 42141	61-6001283	115	15,860.				SCHOOL GRANT
(12) DICKINSON_ISD							
4003 VIDEO ST DICKENSON, TX 77539	74-6000683	115	12,600.				SCHOOL GRANT
2 Enter total number of section 501(c)(3) and g	government o	rganizations list	ed in the line 1 tab	e			
3 Enter total number of other organizations list							
For Paperwork Reduction Act Notice, see the In							ule I (Form 990) (201

JSA

SCHEDULE I Grants and Other Assistance to Organizations (Form 990) Governments, and Individuals in the United State Complete if the organization answered "Yes" to Form 990, Part IV, line 21			OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 		Open to Public Inspection	
Name of the organization		Employer identit	fication number	
ACTION FOR HEAL	THY KIDS, INC.	47-0902	020	
Part I General In	formation on Grants and Assistance			
	ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or ria used to award the grants or assistance?		nd X Yes No	

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,

(d) Amount of cash

grant

11,340.

26,200.

73,000.

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of

non-cash assistance

.

(e) Amount of non-

cash assistance

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) IRC section

if applicable

51.

Schedule I (Form 990) (2013)

(h) Purpose of grant

or assistance

SCHOOL GRANT

SCHOOL GRANTS

SCHOOL GRANT

JSA			
3E1288 1.00	0		
71	L066T	1143	

1 (a) Name and address of organization

(2) CHICAGO PUBLIC SCHOOLS 1250 S. CLARK ST. CHICAGO, IL 60603

_(4) _____

(3) LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY AVE LOS ANGELES, CA 90017

1000 N GETTY UVALDE, TX 78801

(5) _____

_(6) _____

_(7) _____

_(8)_____

(10)

(12)

(9)

3

(11)

(1) UVALDE CISD

or government

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(b) EIN

74-6002426 115

36-6005821 115

95-6001908 115

2 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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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.

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.

71066T 1143

JSA 3E1504 1.000

SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.			ив No. 20	1545-0 13	047		
Doportm	nent of the Treasury	Attach to Form	990. See separate instructions.	Ο	Open to Public		
	Revenue Service	Information about Schedule J (Formation about Schedule J)	orm 990) and its instructions is at www.irs.gov/f	orm990.	Insp	ectio	n
Name	of the organization			Employer identification		r	
-		ALTHY KIDS, INC.		47-0902020)		
Part	Question	ns Regarding Compensation					
4 -				an listed in Form		Yes	No
1a			ovided any of the following to or for a perso				
			o provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of persor				
		emnification and gross-up payments	Health or social club dues or initiatio				
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	garding payment plete Part III to			
•	explain				1b		
2	•		to reimbursing or allowing expenses	•			
			D/Executive Director, regarding the items	checked in line			
_					2		
3	organization's	CEO/Executive Director. Check all the	nization used to establish the compensatio at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa	ds used by a			
	Comper	nsation committee	X Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	90 of other organizations	X Approval by the board or compensation	tion committee			
4		ar, did any person listed in Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а			ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
	Only section	501(c)(3) and 501(c)(4) organizations	must complete lines 5-9.				
5	-		line 1a, did the organization pay or accrue a	ny			
	•	n contingent on the revenues of:		,			
а	The organizat	ion?			5a		Х
b	Any related o	rganization?			5b		Х
		e 5a or 5b, describe in Part III.					
6			line 1a, did the organization pay or accrue a	ny			
		n contingent on the net earnings of:					
а					6a		Х
b	Any related o	rganization?			6b		Х
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provid				
	payments not	t described in lines 5 and 6? If "Yes," de	escribe in Part III		7		X
8			, paid or accrued pursuant to a contract				
	to the initial	I contract exception described in	Regulations section 53.4958-4(a)(3)? If	"Yes," describe			
					8		X
9			low the rebuttable presumption procedu				
			<u> </u>		9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fe	orm 990.	Schedu	le J (Fo	orm 990	0) 2013

Page 2

Schedule J (Form 990) 2013

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.

1 CEO 2 3	(i) Base compensation (i) 165,000. (ii) 0 (i) 0	(ii) Bonus & incentive compensation 12,000. 0	(iii) Other reportable compensation -9,351. 0	other deferred compensation 16,500. 0	benefits 13,267. 0	(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
1 CEO 2 3	(i) C (i) (i) (i) (i)	12,000. 0	<u>-9,351.</u> 0	16,500. 0	13,267. 0	<u> 197,416.</u> 0	
1 CEO 2 3	(ii)(ii)(ii)(iii) _	C	0	0	0	C	
2 3	(i) (i) (ii)						1
3	(i) (ii)						
3	(ii)						
	(i)						
		+					
	(ii)						
	(i)						
	(ii)						
	(i) (ii)	+					
	(i)						
	(ii)	+					
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)	+			+		
	(ii) (ii)						
	(i)	++		+			
	(ii) (i)						
	(i) (ii)	++					

Schedule J (Form 990) 2013

Part III 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.

47-0902020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2013

Open To Public

	L
Department of the Treasury	L
Internal Revenue Service	L

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name of the organization

ACTION	FOR	HEALTHY	KIDS.	INC.

47-	0902020

Par	t I 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 o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
45	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies							
21								
22	Historical artifacts Scientific specimens							
23 24	Archeological artifacts							
24 25	Other \blacktriangleright (<u>ATCH 1</u>)		116.	113,690.				
23 26	Other \blacktriangleright ()			113,070.				
20	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orac	prization during the tax ve	ar for contributions for				
25	which the organization completed I				29			
		01111 0200,	r art iv, Bonoo rioknomoug		L		Yes	No
30 a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1-28, that			
	it must hold for at least three yea	rs from the	date of the initial contribu	ition, and which is not rea	quired to be			
	used for exempt purposes for the e	ntire holding	period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a	gift accept	tance policy that require	s the review of any r	on-standard			
	contributions?					31	Х	
32 a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an	n amount in	column (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.							
D					O a la a de da	NA / E		(0040)

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

Schedule M (Form 990) (2013)

Page 2

Part II 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
TELEPHONE	Х	29.	6,825.	FMV
PRINTING AND COPYING	Х	29.	46,400.	FMV
POSTAGE	Х	29.	2,030.	FMV
MEETINGS AND TRAVEL	Х	29.	58,435.	FMV
TOTALS	-	116.	113,690.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ACTION FOR HEALTHY KIDS, INC.

47-0902020

FORM 990, PART VI, LINE 11

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

FILING.

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.

FORM 990, PART VI, LINES 15A & 15B

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

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

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

ATTACHMENT

1

Schedule O (Form 990 or 990-EZ) 2013				
Name of the organization	Employer identification number			
ACTION FOR HEALTHY KIDS, INC.	47-0902020			
	ATTACHMENT 1 (CONT'D)			
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION				

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 40 STATE TEAMS, MORE THAN 70,000 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 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.

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Employer identification number 47-0902020

ATTACHMENT 2 (CONT'D)

*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 AGE-APPROPRIATE PROGRAMS FOR STUDENTS BEFORE AND DURING THE SCHOOL DAY.

GAME ON! THE ULTIMATE WELLNESS CHALLENGE, 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 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND IN COOPERATION WITH THE U.S. 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.

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 CONCEPTS, LIKE LEADERSHIP AND SKILL BUILDING, WITH SCHOOL HEALTH PROJECTS AND FOSTERS STUDENT ACTION.

Schedule O (Form 990 or 990-EZ) 2013 Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number 47-0902020

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 185,000 UNIQUE VISITORS IN 2013.

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.