Public Inspection Copy ETENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address change ACTION FOR HEALTHY KIDS Name change 47-0902020 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 600 W VAN BUREN STREET 720 312-379-8218 termin-ated 4,843,949. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CHICAGO, IL 60607 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT BISCEGLIE for subordinates? _____Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.ACTIONFORHEALTHYKIDS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2002 M State of legal domicile; IL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: ACTION FOR HEALTHY KIDS IS A Governance NATIONAL NONPROFIT ORGANIZATION COMMITTED TO THE BELIEF THAT HEALTHY Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 100000 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 4,537,075. 4,820,051. Revenue 9 Program service revenue (Part VIII, line 2g) 67,645. 7,748. 57,335. 14,650. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 1,500. 4,662,055. 4,843,949. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,222,839. 668,522. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) O. Ö. 2,523,222. 2,325,363. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,391,672. 1,206,032. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,137,733. 4,199,917. -1,475,678. 19 Revenue less expenses. Subtract line 18 from line 12 . 644,032. 28 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,888,239. 4,193,224. 21 Total liabilities (Part X, line 26) 512,767. 173,720. 到 22 Net assets or fund balances. Subtract line 21 from line 20 3,375,472. 4,019,504. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT BISCEGLIE. Here Type or print name and title Print/Type preparer's name Preparer's signature 1 0/26/2 self-employed Paid RON MARKLUND P01985511 Firm's name DUGAN & LOPATKA, Preparer CPA'S PC Firm's EIN ▶ 36-2886485 Firm's address 4320 WINFIELD ROAD SUITE 450 Use Only

May the IRS discuss this return with the preparer shown above? See instructions

WARRENVILLE, IL 60555-4036

Phone no. 630 - 665 - 4440

X Yes

		age 2
Pa	rt 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:	
	AFHK MOBILIZES SCHOOL PROFESSIONALS, FAMILIES AND COMMUNITIES TO TAKE	
	ACTIONS THAT LEAD TO HEALTHY EATING, PHYSICAL ACTIVITY AND HEALTHIER	
	SCHOOLS WHERE KIDS THRIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	0 151 000	8. \
48	(Code:) (Expenses \$ 2,151,898. including grants of \$ 068,522.) (Revenue \$ 9,24 ACTION FOR HEALTHY KIDS WORKS WITH SCHOOLS TO ASSIST THEM IN IMPROVIN	
	THE HEALTH OF THEIR STUDENTS BY INCREASING THE DAILY AMOUNT OF PHYSIC	
		VП
	ACTIVITY, NUTRITION EDUCATION, HEALTHIER FOOD OPTIONS AS PART OF THE	~
	SCHOOL FEEDING PROGRAMS AND BY PROVIDING SCHOOLS WITH NEEDED RESOURCE	
	TO OFFER REMOTE PICKUP AND DELIVERY OF HEALTHY SCHOOL MEALS AS A RESU	
	OF COVID REMOTE LEARNING. ACTION FOR HEALTHY KIDS PROVIDES SUPPORT IN	
	THE FORM OF FINANCIAL GRANTS, TECHNICAL ASSISTANCE AND PROGRAM	
	MATERIALS AS PART OF OUR GAME ON SCHOOL ENGAGEMENT PROGRAM.	
4b	(Code:) (Expenses \$ 709,385 • including grants of \$) (Revenue \$)
	PARENTS FOR HEALTHY KIDS IS AN INITIATIVE THAT SUPPORTS PARENTS IN	
	MAKING SCHOOLS HEALTHIER FOR ALL STUDENTS AS WELL AS REINFORCING	
	HEALTHY HABITS AT HOME. RESOURCES INCLUDE ONLINE CONTENT, RESOURCES F	OR
	PARENT-LED WELLNESS PROJECTS, PARENT AMBASSADORS AND LOCAL TRAININGS.	
	205 045	
4c)
	ACTIVE SCHOOLS IS A COLLECTIVE IMPACT MODEL THAT BRINGS TOGETHER	
	PARENTS, SCHOOLS AND PARTNERS TOGETHER TO ENCOURAGE PHYSICAL ACTIVITY	
	IN SCHOOLS THROUGH PROVIDED PROGRAMS AND RESOURCES.	
4-1	Other average parties (Describe or Other trick)	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4ė	Total program service expenses ► 3,247,200.	
	Form 990	(ባርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርርር

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Form 990 (2020) ACTION FOR HEALTHY KIDS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	-22	
•	with the office of the Manual Associated Control of the Control of	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		**
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		\vdash
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			**
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.5		Х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	ter engla	A
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	HUSACC	HOMES	01/3/274/2
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
'	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	
129	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	71	
,	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	""	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Δ.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		 	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2020) ACTION FOR HEALTHY KIDS

Part IV Checklist of Required Schedules (continued)

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L			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	100	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		Ì	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		1,7
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	100000000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	West	187 (6)	14.4%
^	instructions, for applicable filing thresholds, conditions, and exceptions):	See Mi	ASAGA	165025
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a	-	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28b		
•	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	-	
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 '	_	
	Schedule N, Part II	32	ŀ	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
	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, or IV, and			
	Part V, line 1	34		х
35a	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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-10	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				, <u>,</u>
	Check if Schedule O contains a response or note to any line in this Part V		·····	Ш
4 -	Enterthe number with the D. o.		Yes	No
1 23 L	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38	3117 35 34		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	40000E	PARTIES Market	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	100 M		urograd Vendari
032004	(gambling) winnings to prize winners?	1c		
		Form	990 (2020)

2a Ester the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 27 b If at least one is reported on line 2a, did the organization fiel at required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater then 250, you may be required to effect gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account? Or the his year? Why to lime 3a, provide an exploration on Schedule O 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the provided in the signature of the foreign country? 5b If "Yes," effect the name of the foreign country? 5c If "Yes is limited from 90 per prohibel data shelter transaction at any dime during the tax year? 5d Was the organization party to a prohibel tax shelter transaction at any dime during the tax year? 5d Use and the properties of the properties o					Yes	No
b If a feest one is reported on line 2.a, did the organization file all required feedral employment tax returns? Note: If the sum of lines 1 sand 2.a is greater than 2.50, you may be required to 4-file (see instrustions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floreign country (such as a bank account, securities account, or other financial account(?) 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floreign country. 5b If "Yes," there the name of the trongin country. 5c Was the organization have from the financial Accounts (FBAR). 5a Was the organization have from the financial Accounts (FBAR). 5b If "Yes," the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of enhancible contributions? 5c Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on enhantable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization neclude with every solicitation and experts provided? 7c Did the organization solicit any contributions under section 170(c). 8d Did the organization solicit any contribution of the value of the goods or services provided? 7d Did the organization solicit any think did the proparization in the service of the value of the goods or services provided? 8d Did the solicitation solici	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 27			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yeas," has it filed a Form 890 For this year? If 'No * for 80 as your your dan explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? In ordan your year of the foreign country is provided an explanation on Schedule O 4b If "Yes," enter the name of the foreign country is provided an explanation of the schedule O 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Variety of the Sea of 5b, did the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization should with every solicitation an express statement that each contributions or gifts were not tax deductibles? 5d Did the organization that may receive deductible contributions under section 170(c). 5d Dif "Yes," of the dive organization include with every solicitation an express statement that each contributions or gifts were not tax deductibles? 7d Organizations that may receive deductible contributions under section 170(c). 5d Dif "Yes," of the organization include with every solicitation an express statement that exercises provided to the payor? 7 Dif "Yes," include the unmarked eduction that year the section 170(c). 5d Diff the organizations under section 450 organization and party for goods and services provided to the payor? 7 Diff "Yes," include the number of Forms 8822 filed during the year 9 Diff the organization received a contribution of qualified intellectual p	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yeas," has it filed a Form 890 For this year? If 'No * for 80 as your your dan explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? In ordan your year of the foreign country is provided an explanation on Schedule O 4b If "Yes," enter the name of the foreign country is provided an explanation of the schedule O 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Variety of the Sea of 5b, did the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization feel form 8867? 5d Did any texable party notify the organization should with every solicitation an express statement that each contributions or gifts were not tax deductibles? 5d Did the organization that may receive deductible contributions under section 170(c). 5d Dif "Yes," of the dive organization include with every solicitation an express statement that each contributions or gifts were not tax deductibles? 7d Organizations that may receive deductible contributions under section 170(c). 5d Dif "Yes," of the organization include with every solicitation an express statement that exercises provided to the payor? 7 Dif "Yes," include the unmarked eduction that year the section 170(c). 5d Diff the organizations under section 450 organization and party for goods and services provided to the payor? 7 Diff "Yes," include the number of Forms 8822 filed during the year 9 Diff the organization received a contribution of qualified intellectual p		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes's time for so 5d, of the organization file Form 888677. 6d 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 deductibles contributions under section 170(c). 6d If Yes's, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 8 Did the organizations that may receive deductible contributions under section 170(c). 9 Did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 10 Did the organization notify the donor of the value of the goods or services provided? 11 Yes," indicate the number of Forms 8822 filed during the year 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 14 Did the organizations make any taxabellided intellectual property, did the organization file Form 8898 as required?	За	Did the organization have uprelated business gross income of \$4,000 as well at the condition		За	65.6061	X
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If "Yes," complete Form 4720, Schedule O.			vacamo?	William .	ntarks .	Maria Y
		If "Yes," complete Form 4720. Schedule O	come?	10	18/07/04/30 7	A.
				Form	gan	2020)

Form 990 (2020) ACTION FOR HEALTHY KIDS 47-0902020 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L1	97.46	
	If there are material differences in voting rights among members of the governing body, or if the governing			Tolkis)	(80.08)	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	L1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any	other	2 A S A S		20 N 1 / N 20 N 1 / N
	officer, director, trustee, or key employee?		,	. 2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, 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 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		. 5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or	-		
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholder	s, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the foll	owing:	iki.		38343
а	The governing body?			8a	Х	71.17 (33.11
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 rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	İ	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cf	napters, aff	iliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		J	00886	1847.03 1847.03	7014
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	1048376
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	?		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You					
	in Schedule O how this was done	•		12c	х	
13	Did the organization have a written whistleblower policy?			٠. ـ	Х	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by indepe	endent	9 (62 x 6)	MARKE	745.52A
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	Lacket Co.
	Other officers or key employees of the organization		*****************	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		**************	1000000	ikana.	almetit
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a	30.34.45°	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its nartic	ination	: 10a	49558x.554	3550-6
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	ραιιοπ			
	exempt status with respect to such arrangements?			. 16b	eritishata	ANDAR N
Sec	ion C. Disclosure		**************	. 102		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL, KS, MA, NC, W	I,AL,	R, CA, C	T,FL	.GA	,HI
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.		10.10.1.00.1(0)	,,,,,,	,	
	X Own website Another's website X Upon request Other (explain	on Schedu	le O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and finar	icial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and rec	ords			
	RICHARD ROLECK - 312-379-8218	and 180				
	600 W VAN BUREN STREET, NO. 720, CHICAGO, IL 6060	7	*			
32006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	-		Form	990	(2020)
				, Oim		2020)

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Form 990 (2020)	ACTION FOR HEALTHY KIDS

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

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

Check this box if neither the organizat	ion nor any related	org	aniza	ition	COI	mpe	nsa	ted any current officer, o	director, or trustee.			
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average	(da	not c	Pos beck	itior more) than	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless		Position (do not check more than one pox, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	-	cer an	uao	recu	Jirarus	iee;	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	0 or d	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	organizations	ruste	trus	ŀ	83	ubeu		(88-271099-181130)		organization and related		
	below	fual t	tiona	١.	를	st co				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			0.94.1124.01.10		
(1) ROBERT BISCEGLIE	40.00	<u> </u>					_					
CEO				Х		ł		221,651.	0.	18,262.		
(2) ALLAN BOGAN	40.00											
C00		1				X		156,665.	0.	20,770.		
(3) CHARLENE BURGESON	40.00											
СРО						Х		170,329.	0.	3,403.		
(4) RICH ROLECK	40.00											
CFO						Х		141,792.	0.	21,345.		
(5) EVA SIPPOLA	40.00							440.000				
VP PHILANTHROPY	40.00		_			X		118,290.	0.	20,813.		
(6) LOREN COLEMAN CMO	40.00	-						110 500		40 0==		
(7) MARTIN MCHALE JR	2.00	ļ				X		112,509.	0.	10,277.		
CHAIR	4.00	х		х				0.	0.	0		
(8) ROBERT MURRAY	2.00			Δ.				U •	U •	0.		
VICE CHAIR	2.00	Х		х				0.	0.	0.		
(9) JEAN RAGALIE-CARR	2.00	*						V •	<u> </u>	<u> </u>		
SECRETARY/TREASURER		Х		x				0.	0.	0.		
(10) ANASTASIA FISCHER	2.00									<u> </u>		
DIRECTOR		Х						0.	0.	0.		
(11) JULIE BOSLEY	2.00					Н						
DIRECTOR		х						0.	0.1	0.		
(12) RICH ABEND	2.00											
DIRECTOR		Х		ļ				0.	0.	0.		
(13) ERIC STERN	2.00			_								
DIRECTOR		X						0.	0.	0.		
(14) ANN MARCHETTI	2.00					\neg						
DIRECTOR		Х	l					0.	0.	0.		
(15) INDRA MEHROTRA	2.00											
DIRECTOR		Х						0.	0.	0.		
(16) CHERYL AUSTEIN CASNOFF	2.00			\neg								
DIRECTOR		Х					[0.	0.	0.		
(17) LAURA CUBILLOS	2.00					\neg						
DIRECTOR		X						0.	0.	0.		
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Page 7

		6
	Yes	No
3 3		X
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0.

0.

0.

Page 8

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

			Yes	N	O
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	3.1%0m	14209	SW SW	Š
	line 1a? If "Yes," complete Schedule J for such individual	3	, ,	Σ	ζ
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		Serie.	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	100
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			141	
	rendered to the organization? If "Yes," complete Schedule J for such person	5	or well of the first	7	7

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

921,236.

921,236.

0.

Section B. Independent Contractors

d Total (add lines 1b and 1c)

compensation from the organization

c Total from continuation sheets to Part VII, Section A

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tay year

bove) who received more than	
	bove) who received more than

Form 990 (2020)

Pa	ITC V			ing in this Double			
		Check if Schedule O contains a respons	e or note to any I	Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	1 6	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	432,351, ,387,700, 2,994,				
_			Business Code	191 2011 1900 0000 0000 0000 0000 0000			
Program Service Revenue	2 :	a CONFERENCE FEES b	611710	7,748.	7,748.		
Se nue	(G					
Tan Zev	'	d					
rog	•	e					
	' ا	f All other program service revenue		7 740	1-25 to 2003 (1955) a region and policy in a re-	1.55 e Naja persona Najabaga da arawa a	
	- '	g Total. Add lines 2a-2f		7,748.			
	4	Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond	proceeds	14,650.			14,650.
	5	Royalties (i) Real	(ii) Personal				sydfather Sofren, caes a said
	۴.		(ii) Fersorial				
	1	b Less: rental expenses 6b		+			
	•	c Rental income or (loss) 6c		-			
		d Net rental income or (loss)		33000001955W80000015000000000	Total Contrast States and an institution of		1999 54 9 55 10 year (1951 x 30 19 at 15
	,	a Gross amount from sales of (i) Securities		7/39/49/39/39/39/39	2012/03/05/05/05/06	(50.750.855.755.53.555	GREGORIAN PROPERTY OF
	' '	assets other than inventory 7a	.,,				
	ŀ	b Less: cost or other basis		1			
ıne		and sales expenses7b	İ			6.5) 8250 6.00	
Other Revenue	(Gain or (loss) 7c		2,75,000,000,000,000,00	Garage Commission		
Re		d Net gain or (loss)					
her	8 8	a Gross income from fundraising events (not			\$ 0.00 miles (1.00 miles)		7/14/00/50 / (2.69/set
ŏ		including \$ of				1307 (24/9) (27/2)	
		contributions reported on line 1c). See					
		Part IV, line 18	а			19 da 2000 70	
		Less: direct expenses 8	b		9.60		
		Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See		48160 431 (2701), (4) (6) (8)			
		Part IV, line 19 9.		1			
		D Less: direct expenses 91	<u></u>		120050 5011 1100 1000 1000 1500		
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	<u></u>			alleste, electronico de la	AssOnt south the Paris South Control
	10 0	and allowances10	12				
	h	Less: cost of goods sold 10		4			
		Net income or (loss) from sales of inventory					
<u>"</u>			Business Code				geriginist process in the con-
Miscellaneous Revenue	11 a	OTHER INCOME	900099	1,500.	1,500.	era sociamoso conventoras especícios	ender singer, hen de sjiller av de l
ang	b	·		, , , , , , ,			
e e e	С						
ž,	d	All other revenue					
	e	Total. Add lines 11a-11d		1,500.	odani 1989, wwasie y 1987 i 1984 i 1985 i 1987.	Who lost very serious	erikat aktiva in Lugarik kenata sasi s Kangun langan pada bilangan dalah
	12	Total revenue. See instructions	>	4,843,949.	9,248.	0.	14,650.

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Form 990 (2020) ACTION FOR HEALTHY KIDS
Part IX Statement of Functional Expenses

•	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			ompiete column (7).	LX
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	668,522.	668,522.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			ar et l'écres en relation de l'écres	24007 (\$150.55)
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 012		05 065	142 040
_	trustees, and key employees	239,913.		95,965.	143,948
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 655 610	1 001 177	160 351	262 001
7	Other salaries and wages	1,655,619.	1,231,177.	162,351.	262,091
8	Pension plan accruals and contributions (include	26 240	20.050	0 477	2 842
_	section 401(k) and 403(b) employer contributions)	26,248. 264,302.	20,059.	2,476.	3,713 48,325
9	Other employee benefits		176,636.	39,341.	48,325
10	Payroll taxes	139,281.	90,534.	19,498.	29,249
11	Fees for services (nonemployees):				
	Management	7 F A F A			
b	Legal	17,853.		17,853.	
Ç.	Accounting	41,143.	1 000	41,143.	
d	Lobbying	1,000.	1,000.		
e	Professional fundraising services. See Part IV, line 17			139/14/01/15/15/15/15/15/15/15/15/15/15/15/15/15	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	046 608			
	column (A) amount, list line 11g expenses on Sch 0.)	246,627.	224,750.	3,905.	17,972
12	Advertising and promotion	100 100			
13	Office expenses	130,469.	104,256.	5,475.	20,738
14	Information technology	90,301.	82,323.	1,424.	6,554
15	Royalties				
16	Occupancy	107,911.	97,119.	5,396.	5,396.
17	Travel	26,195.	16,584.	6,962.	2,649.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,165.		5,165.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,727.	27,654.	1,536.	1,537.
23	Insurance	15,876.	14,288.	794.	794.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			Page 200 APP De 19 Charles de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 190 Charles de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 1900 de 190	
а	PROJECT EXPENSES	488,237.	488,237.	AMBERTARING CONTROL OF VIOLENCE OF SECURE 1819	Anna Anna Carlotti (117, 117, 117, 117, 117, 117, 117, 117
b	POSTAGE AND DELIVERY	4,528.	4,061.	203.	264.
C		,		2031	2010
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,199,917.	3,247,200.	409,487.	543,230.
26	Joint costs. Complete this line only if the organization	,,,	-,,,200	+00/2010	J=J, 4JU.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

ACTION FOR HEALTHY KIDS

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	91,941.		1,643,916
	2	Savings and temporary cash investments	670,079.		1,010,334
	3	Pledges and grants receivable, net	454,673.		323,674
	4	Accounts receivable, net	316,667.	4	62,171
	5	Loans and other receivables from any current or former officer, director,		9 (2 (2)	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		Theorem Caracita	(GANGETT'S PASSATE AND A STATE OF THE STATE
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ALL THE COMMENSAGE AND AND ADDRESS AND ADD	6	C 1.000 - 1000 1000 1000 1000 1000 1000 1
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges	297,956.	9	170,893
	10a	Land, buildings, and equipment: cost or other	er de din de van de van de ver	Willia William	
		basis. Complete Part VI of Schedule D 10a 254, 131	. Princes Bull securio	4/11/5/	
	b	Less: accumulated depreciation 10b 223,834		10c	30,297
	11	Investments - publicly traded securities	1,988,000.	11	946,000
	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	9,828.	15	5,939
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,888,239.	16	4,193,224
	17	Accounts payable and accrued expenses	512,767.	17	173,720
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,	propose Si parak deservosos	STATES.	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		Alver	Nikos (Nikos karanta sa
jab		controlled entity or family member of any of these persons	and the Anni Problem and the control of the anni transplant to the control of the problem of the Control of the	22	- Paradan der Augelynder aus hillioner Vollag is daget vier hier flaunder ver in
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	512,767.	26	173,720.
S		Organizations that follow FASB ASC 958, check here ▶ X	(4.467) (6.61) (19.77) (4.01) (6.61) (1.11) (4.77)	64036A William	Ademic Politica de Las Marie de 1920. Ademic despuis a actual de 1920 de 1920 de 1920 de 1920 de 1920 de 1920 de 1920 de 1920 de 1920 de 1920 de 19
ဦ		and complete lines 27, 28, 32, and 33.			
ag l	27	Net assets without donor restrictions	917,024.	27	777,567.
ĕ	28	Net assets with donor restrictions	2,458,448.	28	3,241,937.
š		Organizations that do not follow FASB ASC 958, check here			
ᇈᅵ		and complete lines 29 through 33.			
ţş	29	Capital stock or trust principal, or current funds		29	www.comestate.comparesedition.utilisesciii.ibiaibiibib.ba.biibib
Sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances	3,375,472.	32	4,019,504.
	33	Total liabilities and net assets/fund balances	3,888,239.	33	4,193,224.
					Form 990 (2020

Form 990 (2020)

	990 (2020) ACTION FOR HEALTHY KIDS	47-09	02020	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			,, 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2		917.
3	Revenue less expenses. Subtract line 2 from line 1	3	644	,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,375	,472.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
-	column (B))	10	4,019	,504.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	***************************************		Х
			,	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	45000	
	separate basis, consolidated basis, or both:			\$400e 757.556
	Separate basis Consolidated basis Both consolidated and separate basis		50.7979.00 A	
þ	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 separat	e basis,	1988	
	consolidated basis, or both:		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
	X Separate basis Consolidated basis Both consolidated and separate basis		16 Pe 100 1/2 14 Pe 100 1/2	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		200 42 20 2000 110 1 7
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	7/573	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit	2 to estemple V	search each and a
	Act and OMB Circular A-133?	-	3a	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	"	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. Зь	
				90 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nan	ne of t	the organization	ON BOD III	T MITTE TETTO			E		r identification number		
Ps	rt I	Reason for Public	ON FOR HEA		nomplets t	hia nart \ 1	Soo instructions		7-0902020		
		ization is not a private found						•			
1	C Gan	A church, convention of ch		·	-		•				
2	H	A school described in sect					(I)(A)(I)-				
3	H										
4	H	A hospital or a cooperative						II) F-4	Alan kanulénila mama		
4	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
5		city, and state: An organization operated f	or the benefit of a co	allogo or traingraitu anna	d av anav	+		it descri	and in		
•	LJ	section 170(b)(1)(A)(iv). (0		onege or university owner	d or obera	iteu by a g	joverninentai un	it descri	Ded III		
6				بدا لد د بالد د داد با در المفسود		70/5/(4)/ 8	V-A				
7	X	An organization that normal							to and the order and the order		
•	<u></u>	An organization that norma		antiai part of its support	trom a gov	vernmenta	unit or from the	e genera	public described in		
8		section 170(b)(1)(A)(vi). (C A community trust describ	•	V4VAVbil (Complete Day	+ II \						
9	\Box	An agricultural research on				::			, aallawa		
•		or university or a non-land-									
		university:	grant conege or agin	culture (see mstructions)	. Enter the	mame, cu	y, and state of t	ne cone	ie oi		
10		An organization that norma	ally receives (1) more	than 33 1/20/ of ite cur	nort from	oontributi	one mombershi	n food o	nd groop ropoints from		
-		activities related to its exer									
		income and unrelated busi							_		
		See section 509(a)(2). (Co		s peda aconon on maxy n	On Dusin	sases acd	uned by the orga	at the action	alter ourie ou, 1975.		
11		An organization organized		sively to test for public s:	afety See	section 5	09(a)(4)				
12		An organization organized						v out the	nurnoses of one or		
		more publicly supported or									
		lines 12a through 12d that							SHOOK THE DOX III		
а		Type I. A supporting orga							v ajvina		
		the supported organizati									
		organization. You must o			, ,						
b		Type II. A supporting org			tion with i	ts support	ted organization	(s), by ha	ivina		
		control or management of									
		organization(s). You mus			·		J	•	•		
C		Type III functionally inte			in connec	tion with,	and functionally	integrat	ed with,		
		its supported organizatio						Ū			
đ		Type III non-functionally						d organi	ization(s)		
		that is not functionally int									
		requirement (see instruct									
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II,	Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
		r the number of supported o		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
g	Prov	ide the following information	about the supporte	ed organization(s).							
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of m		(vi) Amount of other		
	•	organization		above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)		
								;			

					;						
					-1						
			ozzawania wa kasani wa misaki wasaliwa ka	404							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS

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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.)

Se	ction A. Public Support						·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ ļ					
	include any "unusual grants.")	7,305,383.	5,828,850.	7,460,264.	4,537,075.	4,820,051.	29,951,623.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,305,383.	5,828,850.	7,460,264.	4,537,075.	4,820,051.	29,951,623.
5	The portion of total contributions				tella Brossan hän under sa	antiki media, eu an percuakcios aktorian	
	by each person (other than a						
	governmental unit or publicly		38 a 18 (18 98 17 a)	0014 (5) (6) (5) (6)		194 (194 (194 (194 (194 (194 (194 (194 (
	supported organization) included			0.000 600 200 600			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			0.0000 0.000		r Lorgesta es escap	14,503,528.
6	Public support, Subtract line 5 from line 4.	Later (F.1) (18) (18) (19) (19) (19)	30 30 40 00 00 00	Vertical sales (1) (1) (1) (2)	developed and the sea of	Charles Anna Charles and co	15,448,095.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	7,305,383.	5,828,850.	7,460,264.	4,537,075.	4,820,051.	29,951,623.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,465.	11,715.	55,750.	57,335.	14,650.	148,915.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,666.	13.	16,233.		1,500.	27,412.
11	Total support. Add lines 7 through 10			1875 See 1935 St. 1981 See Ve	345711 4 (Kg) (Kg) (850131)		30,127,950.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	240,072.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	i01(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	51.27 %
15	Public support percentage from 2019	Schedule A, Part I	II, line 14			15	50.37 %
16a	33 1/3% support test - 2020. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization	***************************************			▶ X
b	33 1/3% support test - 2019. If the c	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion	************************		>
17a	10% -facts-and-circumstances test	t - 2020. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part \	/I how the organiza	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
þ	10% -facts-and-circumstances test	t - 2019. If the orga	nization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	p here. Explain in	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	>
			-			dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	3574 (3410 2574) (3410)	\$\$10028.000.000.000.00	134/57/65/36/64fersiya	esset grothers estercion		
	ction B. Total Support		de e e e e e e e e e e e e e e e e e e			1	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here		***************************************				
	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15		***************************************	16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))	***************************************	17	%
18	Investment income percentage from 2	2019 Schedule A, I	Part III, line 17	************	***************************************	18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	ation	▶□
þ	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box andsto	o p here. The organ	nization qualifies a	is a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	i, or 19b, check th	nis box and see ins	structions	▶□
	3 01-25-21					edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	edule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS 47	-090202	0 P	age 5
Pa	rt IV Supporting Organizations (continued)	·		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	15.40.000	150000	10.00 kg
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	18 18 18 18 18 18 18 18 18 18 18 18 18 1	3,032	54640
	detail in Part VI.	11c	20 SEZ17 20.	
Sec	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or See	West St	490
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		Y.
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100000	De tati se
2	Did the organization operate for the benefit of any supported organization other than the supported	74.00.50.50	4500	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Junear 1190 s	1-571-553413
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	143/21872	Signiture.	25/42/2014
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	#550055000	V\$1405A	istrijande
Sec	tion D. All Type III Supporting Organizations		J	
·			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	450465	26/3/2007	111,77
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			47.5
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1.063.00%(0.000	New York	1504165645
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	14.858.82 P.S.	argur.	-4, 31.4
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1735.1W614	simic in
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	\$(3) 436/e/c	esiculia.	evirist.
-	significant voice in the organization's investment policies and in directing the use of the organization's	55 A		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	70-150 PA (C.	r Malan Bila
Sec	tion E. Type III Functionally Integrated Supporting Organizations		ļ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruct	ons)		
а	The organization satisfied the Activities Test. Complete line 2 below.	ono,i		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	nel	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	.53.6.104	165	INU
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.		39% 6a	nimikir)
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a	ation engine	a - (1
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.		kû4Jî.	(Algell
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	f participat	.e
a				
ų	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4445	didul
b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	Sec. 22	
n	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS

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	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			art VI). See instructions
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1980 N	nt disagraphic	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	(ASS) SAY		Miran Comment of Comment
	(explain in detail in Part VI);		8 (8) (3) (6) (6) (6) (6) (7) (8) (8)	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	assidation and Committee C	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	- -		
-	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS 47-0902020 Page 7 Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required · explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS	47-0902020 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; I and 2; Part IV, Section C, V. Section B. line 1e: Part V
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2016 AMOUNT: \$ 9,666.	
2017 AMOUNT: \$ 13.	
2018 AMOUNT: \$ 16,233.	
2020 AMOUNT: \$ 1,500.	
·	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury

if the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 47-0902020 ACTION FOR HEALTHY KIDS Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures ______ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$\rightarrow\$\$\$\$\$\$\$\$\$\$\$\$\$\$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$\rightarrow\$\$\$\$\$\$\$\$\$\$\$\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities _____ > \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ______ > \$___ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______ > \$ 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

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Part II-A Complete if the org section 501(h)).	ACTION FOR panization is exe	HEALTHY KII mpt under section	os on 501(c)(3) and fi	47-0 led Form 5768 (e	902020 Page 2 lection under
expenses, and shar	re of excess lobbying		n Part IV each affiliated	i group member's nan	ne, address, EIN,
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	rence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Ente				TANK MATANAGAS YANG GALAKTAN ANG ANG	Tarana a sana
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e		10,770,000,000,000	
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5		00 plus 15% of the exc	***		
Over \$1,500,000 but not over \$1,5	······	00 plus 10% of the exc		in the second	
Over \$17,000,000	\$1,000	00 plus 5% of the exce	ess over \$1,500,000.	All the section of the section of	
3.5.4.1,000,000		000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y (Some organizations the	or less, enter -0- ro on either line 1h or year? 4-Year Ave at made a section 5	line 1i, did the organiz	ation file Form 4720 Section 501(h) have to complete all		Yes No
		nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount			Sytay St. Ablanta (Sytay St.	fagyayay ay farana ay a	
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					000 or 000 E7) 0000

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Schedule C (Form 990 or 990-EZ) 2020 ACTION FOR HEALTHY KIDS 47-090202

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of th	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or		94 (100)		3674 distan
	local legislation, including any attempt to influence public opinion on a legislative matter	(4) (4) (5) (5)	2015; X22.10		
	or referendum, through the use of:	alebrai dina di Masarita Manarat	Color Salar February		
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	L	X	4274	
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g			X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			1,000
j	Total. Add lines 1c through 1i	7.654 (CF) 1.55 (1 7.65) 7.65 (F)			1,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		用以基础的
b	If "Yes," enter the amount of any tax incurred under section 4912	25 SOME S	WWAYE N		
С.	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
r Oi	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
	30 T(C)(0).				
_	Mr. J. J. M. W. Good		r	Yes	Nο
1	Were substantially all (90% or more) dues received nondeductible by members?	••••••	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u> </u>
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect	the prior yea	r? 3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	1011 301(C) 1 "No" OE	(a), or se) (b) Dad	CUON HLA II:	
	answered "Yes."			. III-PA, IIII	e 3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a		
b	Carryover from last year		2b		
C	Total	,	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
rovi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	A, lines 1 a	nd 2 (See	
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	T II-B, LINE 1, LOBBYING ACTIVITIES:				
Оп	TON TOD WITH BUILD A COLUMN				
7C T	'ION FOR HEALTHY KIDS WORKED WITH A CONSULTANT TO F	ROVIDE	COMM	ENTS I	.'0
יוםי	EDAL ACENCIES CHOTA AS THE PARTY OF THE PART				
CL	ERAL AGENCIES, SUCH AS USDA AND EDUCATION, ALONG W	VITH A	FEW S'	PATE	
י זים.	TI ACENCIES DELAMED MO MILE TIPLE				
۷ ت	EL AGENCIES RELATED TO THE IMPLEMENTATION OF LOCAL	SCHOO	L WEL	LNESS	
ЭΩТ	TOTES DIDING COULD I BADALLAG CARACTER				
UL	ICIES DURING COVID LEARNING ENVIRONMENT.				

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number ACTION FOR HEALTHY KIDS 47-0902020 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? _ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area □ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _____ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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		FOR HEALTH						47-09	02020	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Hi	storical Ti	reasures,	or Othe	r Simila	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, access									
	collection items (check all that apply):			•	_		•			
а	Public exhibition	c	a	Loan or exc	change proc	ıram				
b	Scholarly research	•	• 🗀	i	0. 0					
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how	thev further t	the organiza	ition's exer	ant purpo	se in Pa	rt XIII	
5	During the year, did the organization solicit of	or receive donations	of art. I	historical trea	sures, or of	her similar	assets	,,,,,,		
	to be sold to raise funds rather than to be m								Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if th	ne organizatio	n answered	1 "Yes" on	Form 990	Part IV	line 9 or	
	reported an amount on Form 990, Pa	rt X, line 21.		garman	J. V G. 15 W G. 50			,, ,,		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary fo	r contributio	ns or other a	ssets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table					_ 103	
		vop.o.to 1.,o.to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, table:					Amount	
С	Beginning balance						1c		Anount	
đ			•••••				1d			
е	Distributions during the year		•••••	**************	*******************************		1e			
f	Ending balance	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					11			
2a	Did the organization include an amount on F	orm 990. Part X. line	21 for	escrow or c	ustodial acc	ount liabili	· <u> </u> tv2		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									=""
	t V Endowment Funds. Complete i	f the organization ar	swered	i "Yes" on Fo	orm 990. Pa	rt IV. line 1	Ω	************		
<u> </u>		(a) Current year		Prior year	(c) Two ye			ears back	(e) Four y	ears hack
1a	Beginning of year balance	(-)	(~)	. Hor your	(6))	u. o o o o	u , 111100 y	Dail Dagit	(e) roar y	ours buok
	Contributions				i				-	
С	Net investment earnings, gains, and losses								!	
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line :	la columa (s	a)) held as:				L	
а	Board designated or quasi-endowment		%	. 9, 00.01111 (0	ajj i icia ao.					
b	Permanent endowment	%	' -							
	—	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administ	ered for the	e organiza	ation		
	by:	•					• • · ga · · · ·	441071	√	es No
	(i) Unrelated organizations								3a(i)	C3 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?		• • • • • • • • • • • • • • • • • • • •			3b	_
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.	******	• • • • • • • • • • • • • • • • • • • •		***************************************	05	
Par	t VI Land, Buildings, and Equipm	ent.								-
	Complete if the organization answered	d "Yes" on Form 990	, Part I	V, line 11a. S	ee Form 99	0, Part X, li	ne 10.			
	Description of property	(a) Cost or ot		(b) Cost			umulated		(d) Book v	alue
		basis (investm	nent)	basis (other)		eciation		(,	
1a	Land					136 (73) 195 (A) 91 (74) 195 (A)				
b	Buildings									
C	Leasehold improvements				1,187.		52,09		9	,088.
	Equipment				5,318.	1:	12,95	0.		368.
	Other		÷	6'	7,626.		58,78	5.	8,	841.
Total.	Add lines 1a through 1e. (Column (d) must ec	qual Form 990, Part 2	X, colur	nn (B), line 1	Oc.)				30,	297.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ACTION FOR	HEALTHY KIDS	4	17-0902020 Page 3
Part VII Investments - Other Securities.			3
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		si vajavio dagitat vastaliki rimateksi masaribarus ole e	twikintiivotuuteteteen on ongerteelissi-
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)		(e) monios en massioni ecot en c	and or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
<u> </u>	I		
Complete if the organization answered "Yes	Description	11d. See Form 990, Part X, line 15.	
(1)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities.	e 15.)	<u></u>	<u> </u>
· · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	s that reports the
organization's liability for uncertain tax positions unde	FASB ASC 740. Check her	re if the text of the footnote has been	provided in Part XIII

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Schedule D (Form 990) 2020

_	dule D (Form 990) 2020 ACTION FOR HEALTHY KIDS		47-0	902020 F	age 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Rev	enue per Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a.			
1			1	4,843,9	49.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		176/200		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d		2d			
	Add lines 2a through 2d	<u> 24 </u>	20		0.
3	Subtract line 2e from line 1		2e	4,843,9	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		9 (150)(607)	4,040,0	47.
	Investment expenses not included on Form 990, Part VIII, line 7b	1 4 1			
	Other (Describe in Part XIII.)				Λ
_	Add lines 4a and 4b		4c	4 0 4 2 0	0.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,843,9	49.
I a	t XII Reconciliation of Expenses per Audited Financial State		enses per Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			4 100 0	4 H
1	Total expenses and losses per audited financial statements		1	4,199,9	Ι/.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
¢	Other losses	2c			
d	(======================================	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	4,199,9	17.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1.00		
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,199,9	17.
Par	t XIII Supplemental Information.	•			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2l	b; Part V, line 4; Part >	, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	ditional information.			
					
PAF	T X, LINE 2:				
AFF	K FILES INCOME TAX RETURNS IN THE U.S. F	EDERAL JUR	ISDICTION A	ND	
ILI	INOIS. WITH FEW EXCEPTIONS, AFHK IS NO	LONGER SUB	JECT TO U.S	. FEDERA	L,
STA	TE AND LOCAL, OR NON-U.S. INCOME TAX EXA	MINATIONS 1	BY TAX AUTH	ORITIES	
FOR	YEARS BEFORE 2017. AFHK DOES NOT EXPEC	r a materia	AL NET CHAN	GE IN	
UNR	ECOGNIZED TAX BENEFITS IN THE NEXT TWELV	E MONTHS.			
					-

032054 12-01-20

OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. ACTION FOR HEALTHY KIDS Name of the organization Department of the Treasury internal Revenue Service SCHEDULE I (Form 990)

2020	Open to Public Inspection

Employer identification number 47-0902020 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 Part | General Information on Grants and Assistance criteria used to award the grants or assistance?

criteria used to award the grants or assistance?	sistance?			•			× × ×	, N
2 Describe in Part IV the organization's procedures for monitoring the	rocedures for mor	itoring the use of gran	ne use of grant funds in the United States.	d States.	***************************************			2
	Domestic Organ	izations and Domest	ic Governments. C	complete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	: IV, line 21, for any	
comprome maximocered more man economic part in can be duplicated it additional space is needed.	DO, COU. Part II Ca	n be duplicated if addr	tional space is need	ded.				
1 (a) Name and address of organization or government	(a)	(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 noncash assistance	(h) Purpose of grant or assistance	
AUGUSTA COUNTY SCHOOL DISTRICT 18 GOVERNMENT CENTER LANE								
VERONA, VA 24482	54-6001131	115	13,000.	0.			SCHOOL GRANT	
BASSETT UNIFIED SCHOOL DISTRICT 904 WILLOW AVE								
LA PUENTE, CA 91746-1696	95-2161438	115	5,000.	.0			SCHOOL GRANT	
BATTLE CREEK PUBLIC SCHOOL								
DISTRICT - 3 VAN BUREN WEST - BATTLE CREEK, MI 49071	38-6000746	115	5,000.	.0			SCHOOL GRANT	
BRENTWOOD UNION FREE SCHOOL								
DISTRICT - 52 3RD AVE - BRENTWOOD, NY 11717-6198	11-6002032	115	9,000.	.0			SCHOOL GRANT	
BROWNSVILLE INDEPENDENT SCHOOL								
DISTRICT - 1900 PRICE RD -								
BROWNSVILLE, TX 78521	74-6000418	115	10,000,	0			SCHOOL GRANT	
CANUTILLO INDEPENDENT SCHOOL								
DISTRICT - PO BOX 100 - CANUTILLO,								
TX 79835-0100	74~6028038	115	6,000.	0			SCHOOL GRANT	
	ind government or	ganizations listed in th	le line 1 table				3	34.
	s listed in the line	1 table					•	
LHA For Paperwork Reduction Act Notice, see the Instructions for	, see the instruct	ions for Form 990.					Schedule I (Form 990) 2020	8

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Schedule I (Form 990) 2020

Page 1 47-0902020 Schedule | (Form 990) ACTION FOR HEALTHY KIDS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

sacra Commingation of Grants and Other Assistance to Domestic	Assistance to Do		s and Domestic G	overnments (Sche	Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	t II.)	
(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
CHICAGO PUBLIC SCHOOLS 125 S CLARK ST CHICAGO, IL 60603	36-6005821	115	20,500.	0			SCHOOL GRANT
CLAY COUNTY DISTRICT SCHOOL BOARD 900 WALNUT STREET GREEN COVE SPRINGS, FL 32043	59-6000552	115	5,000.	0,			SCHOOL GRANT
NEW YORK CITY DEPARTMENT OF EDUCATION - 1700 3RD AVE - NEW YORK CITY, NY 10128	69-0210637	115	24,000.	0.			SCHOOL GRANT
CROWLEY INDEPENDENT SCHOOL DISTRICT - PO BOX 688 - CROWLEY, TX 76036	75-1247307	115	18,000.	.0			SCHOOL GRANT
DUVAL COUNTY PUBLIC SCHOOLS 1701 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	59-6000589	115	20,000.	0.			SCHOOL GRANT
EVERMAN INDEPENDENT SCHOOL DISTRICT - 1520 EVERMAN PKWY - FORT WORTH, TX 76140	75-6001394	115	.000,8	0			SCHOOL GRANT
FORT WORTH INDEPENDENT SCHOOL DISTRICT - 100 N UNIVERSITY DR - FORT WORTH, TX 76107	75-6002206	115	18,000.	0		J,	SCHOOL GRANT
FRESNO UNIFIED SCHOOL DISTRICT 2309 TULARE STREET FRESNO, CA 93721	94-6002206	115	27,500.	0			SCHOOL GRANT
FRIONA INDEPENDENT SCHOOL DISTRICT 909 E 11TH ST FRIONA, TX 79035-1416	75-6001635	115	7,500.	0		02	SCHOOL GRANT
							Schedule I (Form 990)

	47-0902020 Page 1
, T	Schedule I (Form 990) ACTION FOR HEALTHY KIDS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Fair II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to D	omestic Organization	s and Domestic G	overnments (Sche	dule I (Form 990), Par	t II.)	
(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
GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT - 2602 S BELT LINE RD - GRAND PRAIRIE, TX 75052	75-6001697	115	10 000	0			mare and Avolation
HARLINGEN CONSOLIDATED INDEPENDENT SCHOOL DISTRICT - 407 N 77 SUNSHINE STRIP - HARLINGEN, TX 78550	74-6001053	115	8,000.	.0			SCHOOL GRANT
HARNETT COUNTY BOARD OF EDUCATION 1 WEST HARNETT STREET LILLINGTON, NC 27546	56-6001044	115	7,500.	0			SCHOOL GRANT
HAWTHORNE SCHOOL DISTRICT 14120 HAWTHORNE BLVD HAWTHORNE, CA 90250~7006	95-6001545	115	8,000.	.0			SCHOOL GRANT
HAZLETON AREA SCHOOL DISTRICT 1515 W 23RD ST. HAZLE TOWNSHP, PA 18202	23-1667968	115	20,000.	0.			SCHOOL GRANT
IRVING INDEPENDENT SCHOOL DISTRICT 2621 WEST AIRPORT FREEWAY IRVING, TX 75062	756001854	115	74,000.	0			SCHOOL GRANT
LOS ANGELES UNIFIED SCHOOL DISTRICT - 333 SOUTH BEAUDRY AVE - LOS ANGELES, CA 90017	95-6001908	11.5	7,500.	0		01	SCHOOL GRANT
MAYWOOD - MELROSE BRDVIEW SCHOOL DISTRICT 89 - 906 WALTON ST - MELROSE PARK, IL 60160-3540	36-6004309	115	13,500.	0.		9	SCHOOL GRANT
MESQUITE INDEPENDENT SCHOOL DISTRICT - 3819 TOWNE CROSSING BLVD - MESQUITE, TX 75150	75-6002054	115	15,000.	.0		<u>σ</u>	SCHOOL GRANT
							Schedule I (Form 990)

Schedule I (Form 990) ACTION FOR	OR HEALTHY	Y KIDS					47-0902020 Page 1
Continue and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to D	omestic Organizations	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	HI.)	
(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
METRO NASHVILLE PUBLIC SCHOOL DISTRICT - 700 2ND AVE S, SUITE 310 - NASHVILLE, TN 37219-6300	62-0717138	115	32,000.	.0			SCHOOL GRANT
MILWAUKEE PUBLIC SCHOOLS 5225 W VLIET STREET MILWAUKEE, WI 53208	39-6003457	115	7,500.	.0			SCHOOL GRANT
NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187 - 2000 LEWIS AVENUE - NORTH CHICAGO, IL 60064	36-3660804	115	15,000.	•0			SCHOOL GRANT
ORANGE COUNTY PUBLIC SCHOOL DISFRICT - PO BOX 271 - ORLANDO, FL 32802	59-6000773	115	41,500.	.0			SCHOOL GRANT
PALM BEACH COUNTY SCHOOL BOARD 3300 FOREST HILL BLVD WEST PALM BEACH, FL 33406	59~6000448	115	28,500.	0			SCHOOL GRANT
PASADENA UNIFIED SCHOOL DISTRICT 351 S HUDSON AVE PASADENA, CA 91101	95-6002372	115	7,000.	0			SCHOOL GRANT
POTTSTOWN SCHOOL DISTRICT 230 BEBCH STREET POTTSTOWN, PA 19464	23-6004120	115	10,000.	.0		9,	SCHOOL GRANT
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL ST SAN DIEGO, CA 92103	95-6002781	115	26,000.	0.		9	SCHOOL GRANT
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT - 1108 BISSELL AVE - RICHMOND, CA 94801-3135	68-0000495	115	15,000.	0		9	SCHOOL GRANT
							Schedule I (Form 990)

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47-0902020 Page 1		(h) Purpose of grant or assistance	SCHOOL GRANT					Schedule I (Form 990)
		(g) Description of non-cash assistance	,					
, ,	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
	overnments (Sch	(e) Amount of non-cash assistance	0					
₹	s and Domestic G	(d) Amount of cash grant	12,000.					
KIDS	mestic Organization	(c) IRC section If applicable	115					
R HEALTHY	Assistance to Do	(b) EIN	48-6000351					
Schedule (Form 990) ACTION FOR HEALTHY	Farm II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	WICHITA UNIFIED SCHOOL DISTRICT 259 - 903 S EDGEMOOR ST - WICHITA, KS 67218					

Page 2 (f) Description of noncash assistance 47-0902020 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. GRANTS ARE AWARDED THROUGH AN APPLICATION PROCESS OPEN TO SCHOOLS ACROSS Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. AMERICA. SELECTED SCHOOLS MUST PROVIDE A PLAN TO ENHANCE THEIR NUTRITION AND/OR PHYSICAL ACTIVITY PROGRAMS FOR SCHOOL CHILDREN. EACH SCHOOL OR (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ACTION FOR HEALTHY KIDS (a) Type of grant or assistance LINE 2: Schedule I (Form 990) 2020 PART I,

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

AWARDS HAVE BEEN UTILIZED WITHIN THEIR SCHOOL ENVIRONMENT

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

ACTION FOR HEALTHY KIDS

Questions Regarding Compensation

Employer identification number 47-0902020

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Kali.		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Market	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		15755A 2575A	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	250.5		
		190		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	and the second	28/08/07/03/05
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.	MANAGE.		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	14 St (16 14VI)	en nel e pa
		3,85(6)	54970	34,9398
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	19,05		
	establish compensation of the CEO/Executive Director, but explain in Part III.			Same I
	Compensation committee Written employment contract		45.97.548 45.97.548	
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	,			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	10 SA 12		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Gastriaa.h	X
þ	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	2016	andran.	Artia s
		7/400000		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2.54%		
	contingent on the revenues of:	90000 38000		
а	The organization? Any related organization?	5a	strikenist i	X
b	wy rolatod organization:	5b		$\frac{1}{X}$
	" 100 on the out of ob, describe in Fait in.		86.50 P	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization? Any related organization?	6a	844.000 c	X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Port III	6b		$\frac{x}{x}$
	If "Yes" on line 6a or 6b, describe in Part III.	0.5	William i	2100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	GW (Q) 7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	. 1846 (1880 L	grayata a	43
	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III	8	edo (de l	X
9	in test on line 8, did the organization also follow the rebuttable presumption procedure described in	latesia :	Water 9	esipeii
	Regulations section 53.4958-6(c)?	9		ve della
HΑ	For Paperwork Reduction Act Notice, see the Instructions for Form 990	2		

Schedule J (Form 990) 2020

47-0902020

ACTION FOR HEALTHY KIDS

Page 2

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0-(D)	in column (B) reported as deferred on prior Form 990
(1) ROBERT BISCEGLIE CEO	€ €	210,651.	11,00		4,61	13,651.	239,913.	0
(2) ALLAN BOGAN		154,66	2,000.	0	2,502.	18,268.	177.435.	00
ı	Ξ	1				•1	0	0
(3) CHARLENE BURGESON CPO	€ :	167,829.	2,50		3,40	• 0	173,732.	0
(4) RICH BOLECK	€ 5	130 703	c				0.	0
	3 3	~	2,000.	0 0	3,077.	18,268.	163,137.	0
	(E)				•	•	2	•
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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 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 ACTION FOR HEALTHY KIDS Schedule J (Form 990) 2020

Part III Supplemental Information

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

ACTION FOR HEALTHY KIDS

Employer identification number 47-0902020

17 0702020
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KIDS CREATE A BETTER WORLD. WE PURSUE THIS VISION BY MOBILIZING
FAMILY-SCHOOL PARTNERSHIPS TO ADDRESS THE CHILD HEALTH CRISIS AND
PREPARE KIDS TO BE HEALTHY IN BODY AND MIND. THROUGH FUNDING, TECHNICAL
ASSISTANCE, EXPERT CONTENT, EDUCATIONAL OPPORTUNITIES, AND A NETWORK OF
PARENT LEADERS, WE COLLABORATE WITH FAMILIES, SCHOOLS AND SCHOOL
DISTRICTS IN UNDERSERVED COMMUNITIES TO SUPPORT THREE KEY AREAS OF
CHILD HEALTH: FOOD ACCESS AND NUTRITION EDUCATION; PHYSICAL ACTIVITY
AND ACTIVE PLAY; AND SOCIAL EMOTIONAL LEARNING AND RISK BEHAVIOR
PREVENTION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS, FINANCE COMMITTEE AND CEO REVIEW THE 990 BEFORE
FILIING.
FORM 990, PART VI, SECTION B, 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, SECTION B, LINE 15:
ANNUAL SALARY STUDIES ARE DONE WHEN DETERMINING COMPENSATION FOR THE CEO
AND AFHK STAFF EACH YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ACTION FOR HEALTHY KIDS	Employer identification number 47-0902020
IL, KS, MA, NC, WI, AL, AR, CA, CT, FL, GA, HI, KY, MD, MI, MN, MS, NH, NJ	,NM,NY,OR,PA,RI,SC
TN, UT, VA, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	100,226
MANAGEMENT AND GENERAL EXPENSES	1,733
FUNDRAISING EXPENSES	7,979
TOTAL EXPENSES	109,938
EVALUATION:	
PROGRAM SERVICE EXPENSES	10,956
MANAGEMENT AND GENERAL EXPENSES	190.
FUNDRAISING EXPENSES	872.
TOTAL EXPENSES	12,018.
OPERATIONS CONSULTING:	
PROGRAM SERVICE EXPENSES	113,568.
MANAGEMENT AND GENERAL EXPENSES	1,982.
FUNDRAISING EXPENSES	9,121.
OTAL EXPENSES	124,671.
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	246,627.
ORM 990, PART XII, LINE 2C:	
43	dule O (Form 990 or 990-EZ) 2020
71025 759574 1639 2020.04030 ACTION FOR HEALTHY	KIDS 16391

	of the organizati				***			 Page
		A	CTION	V FOR HE	ALTHY	KIDS		Employer identification number 47-0902020
THE	PROCESS	HAS	TOM	CHANGED	FROM	PREVIOUS	YEARS.	
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2020 DEPRECIATION AND AMORTIZATION REPORT

10	
PAGE	
990	
FORM	

	Current Year Ending Deduction Accumulated Deoreciation	5,454. 58,785.	5,454. 58,785.	17,835, 112,950. 17,835, 112,950.	7,438. 52,099.	7,438. 52,099. 30,727. 223,834.			
	Current Sec 179 Expense	(2007) to							
	Beginning Accumulated Depreciation		53,331	95,115	44,661.	44,661.			Section of the Section of the Section
	Basis For Depreciation	67,626.	67,626.	125,318.	61,187,	61,187.			Control of Control of
	Reduction In Basis								
	Section 179 Expense								
066	Bus 8 % Excl				1 (5) 4 (7)			il i	
	Unadjusted Cost Or Basis	67,626.	67,626.	125,318.	61,187.	61,187. 254,131.			
	C Cine No.	9 1		16	1.6	5 William (1885)	j de la company	2/1500 (6.10 (0.12) (0.00) (0.00) (1.2)	
	od Life	0000		000.	000.				_
	Method	25		SI	SI				
	Date Acquired	VARIOUS		VARIOUS	VARIOUS				
SSU PAGE IO	Description	FURMITURE & PIXTURES FURMITURE AND BOUIPMENT * 990 PAGE 10 TOTAL	FURNITURE & FIXTURES MACHINERY & BOUIDMENT	COMPUTER EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT		* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10 DEPR			
	Asset No.	7		I	3				

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone