

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 2010, **and ending** 20

| | | | |
|--|---|---|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ACTION FOR HEALTHY KIDS, INC. Doing Business As | | D Employer identification number 47-0902020 |
| | Number and street (or P.O. box if mail is not delivered to street address) | | E Telephone number (800) 416-5136 |
| | 600 W. VAN BUREN STREET City or town, state or country, and ZIP + 4 CHICAGO, IL 60607 | | |
| | Room/suite 720 | | G Gross receipts \$ 4,193,518. |
| F Name and address of principal officer: ROBERT BISCEGLIE 600 W. VAN BUREN STREET, #720 CHICAGO, IL 60607 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.ACTIONFORHEALTHYKIDS.ORG | | L Year of formation: 2002 M State of legal domicile: IL | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | | | | |
|------------------------------------|--|--|---|------------|------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: FIGHTING CHILDHOOD OBESITY & UNDERNOURISHMENT BY HELPING SCHOOLS BECOME HEALTHIER PLACES SO OUR KIDS CAN LEARN TO EAT RIGHT, ARE ACTIVE EVERY DAY AND ARE READY TO LEARN. | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10. | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10. | |
| | 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 18. | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 20,000. | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 3,876,943. | 4,113,534. | |
| | 9 | Program service revenue (Part VIII, line 2g) | 29,639. | 77,563. | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,586. | 2,421. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,911,168. | 4,193,518. | |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 1,426,501. |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,127,327. | 1,036,378. |
| | | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,463. | | |
| | | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,735,783. | 2,598,234. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,863,110. | 5,061,113. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 48,058. | -867,595. | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 2,950,227. | 2,700,452. | |
| | 21 | Total liabilities (Part X, line 26) | 227,989. | 845,809. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,722,238. | 1,854,643. | |

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.

| | | |
|------------------|--|-----------------------|
| Sign Here | Signature of officer: <u>Robert F Bisceglie</u> | Date: <u>11/05/11</u> |
| | Type or print name and title: <u>ROBERT F BISCEGLIE, CEO</u> | |

| | | | | | |
|-------------------------------|---|---|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Ben Pitchkites | Preparer's signature <u>Ben Pitchkites</u> | Date 11/05/2011 | Check if self-employed <input type="checkbox"/> | PTIN P00362066 |
| | Firm's name ▶ ERNST & YOUNG U.S. LLP | | | Firm's EIN ▶ 34-6565596 | |
| | Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 2600 INDIANAPOLIS, IN 46204 | | | Phone no. 317-681-7000 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,522,784. including grants of \$ 1,084,141.) (Revenue \$)
ATTACHMENT 2

4b (Code:) (Expenses \$ 804,344. including grants of \$ 342,360.) (Revenue \$)
ATTACHMENT 3

4c (Code:) (Expenses \$ 196,970. including grants of \$) (Revenue \$)
ATTACHMENT 4

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,081,849. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,605,947.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|---|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | X |
| 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? <i>If "Yes," complete Schedule J.</i> | | X |
| 24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, W-2G forms, backup withholding, Form W-3, unrelated business income, foreign accounts, and charitable trusts.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding organizational policies on chapters, conflicts of interest, and whistleblower policies.

Section C. Disclosure

- List of disclosure questions 17 through 20, including requirements for public inspection of forms and availability of governing documents.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID SATCHER FOUNDING CHAIR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (2) JUDITH YOUNG DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (3) REGINALD L. WASHINGTON CHAIR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (4) JEAN RAGALIE SECRETARY/TREASURER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (5) JULIE O'DONNELL ALLEN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (6) ROEL GONZALEZ VICE CHAIR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (7) KIMBERLEY CREWS GOODE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (8) KATHERINE KAUFER CHRISTOFFEL DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) MARTIN J. MCHALE, JR. DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) ANTRONETTE K. YANCEY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) ROBERT BISCEGLIE CEO | 40.00 | | X | | | | 131,463. | 0. | 6,034. | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows 17-28.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c), 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.

Questions 3, 4, 5 regarding compensation reporting with Yes/No columns.

Section B. Independent Contractors

Table for independent contractors with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes question 2 about total number of independent contractors.

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|---------------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 601,920. | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,511,614. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 446,421. | | | |
| | h | Total. Add lines 1a-1f | | 4,113,534. | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | CONFERENCE FEES | | 77,081. | 77,081. | | |
| | b | SALES | | 482. | 482. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 77,563. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,421. | | | 2,421. |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | | | (i) Real (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | 0. | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | 0. | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | 0. | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | 0. | | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 0. | | | | |
| 12 | Total revenue. See instructions | | 4,193,518. | 77,563. | 0. | 2,421. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21 . . . | 1,426,501. | 1,426,501. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 137,497. | 116,872. | 13,750. | 6,875. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 766,849. | 651,821. | 76,685. | 38,343. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 63,090. | 53,626. | 6,309. | 3,155. |
| 10 Payroll taxes | 68,942. | 58,601. | 6,894. | 3,447. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 61,961. | 0. | 40,576. | 21,385. |
| c Accounting | 17,500. | 0. | 11,460. | 6,040. |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 133,373. | 28,002. | 68,669. | 36,702. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 216,293. | 210,708. | 2,896. | 2,689. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 69,737. | 59,276. | 6,974. | 3,487. |
| 17 Travel | 560,900. | 526,695. | 13,568. | 20,637. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 15,443. | 0. | 11,582. | 3,861. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 4,011. | 0. | 3,008. | 1,003. |
| 23 Insurance | 6,286. | 5,343. | 629. | 314. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a PROJECT EXPENSES | 1,428,896. | 1,428,896. | 0. | 0. |
| b POSTAGE | 40,202. | 39,606. | 130. | 466. |
| c PAYROLL SERVICES | 43,632. | 0. | 28,573. | 15,059. |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 5,061,113. | 4,605,947. | 291,703. | 163,463. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,113,395. | 1 | 2,163,624. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 828,086. | 3 | 505,394. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 4,496. | 9 | 28,542. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 33,167. | | |
| | b Less: accumulated depreciation | 10b 30,275. | | |
| | 11 Investments - publicly traded securities | 4,250. | 10c | 2,892. |
| | 12 Investments - other securities. See Part IV, line 11 | | 11 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,950,227. | 15 | 2,700,452. | |
| Liabilities | 17 Accounts payable and accrued expenses | 227,989. | 16 | 845,809. |
| | 18 Grants payable | | 17 | |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 227,989. | 25 | 845,809. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 26 | |
| | 27 Unrestricted net assets | 1,728,590. | 27 | 541,104. |
| | 28 Temporarily restricted net assets | 993,648. | 28 | 1,313,539. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 2,722,238. | 33 | 1,854,643. |
| 34 Total liabilities and net assets/fund balances | 2,950,227. | 34 | 2,700,452. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,193,518. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,061,113. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -867,595. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,722,238. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,854,643. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,140,826. | 2,318,909. | 4,027,271. | 3,876,943. | 4,113,534. | 17,477,483. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3,140,826. | 2,318,909. | 4,027,271. | 3,876,943. | 4,113,534. | 17,477,483. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 8,743,858. |
| | | | | | | 8,733,625. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 3,140,826. | 2,318,909. | 4,027,271. | 3,876,943. | 4,113,534. | 17,477,483. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 45,424. | 63,222. | 21,988. | 4,586. | 2,421. | 137,641. |
| 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 17,615,124. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | | 330,279. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|-------------------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 49.58 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 44.68 % |
| 16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 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 IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number
47-0902020

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | NATIONAL DAIRY COUNCIL 10255 W HIGGINS ROAD ROSEMONT, IL 60018 | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | KELLOGG'S CORPORATE CITIZENSHIP FUND ONE KELLOG SQUARE, PO BOX 3599 BATTLE CREEK, MI 49016 | \$ 560,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | MIDWEST DAIRY ASSOCIATION 2015 RICE STREET ST. PAUL, MN 55113 | \$ 438,872. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | SOUTHEAST UNITED DAIRY INDUSTRY ASSN 5340 W. FAYETTEVILLE ROAD ATLANTA, GA 30349 | \$ 255,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | NFL VENTURES LP 280 PARK AVENUE NEW YORK, NY 10017 | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | AMERICAN DAIRY ASSN & DAIRY COUNCIL INC 100 ELWOOD DAVIS ROAD SYRACUSE, NY 13212 | \$ 107,959. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization ACTION FOR HEALTHY KIDS, INC.

Employer identification number
47-0902020

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|---|
| 7 | DAIRY MAX, INC. ----- 2214 PADDOCK WAY DRIVE, SUITE 600 ----- GRAND PRARIE, TX 75050 ----- | \$ 101,920. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 8 | MID-ATLANTIC DAIRY ASSOCIATION ----- 325 CHESTNUT STREET, SUITE 600 ----- PHILADELPHIA, PA 19106 ----- | \$ 98,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 9 | DAIRY AND FOOD NUTRITION COUNCIL OF FL ----- 166 LOOKOUT PLACE ----- MAITLAND, FL 32751 ----- | \$ 86,755. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 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 | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 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 SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:

| | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 33,167. | 30,275. | 2,892. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,892. |

Part VII Investments - Other Securities. 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) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|--|------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,193,518. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,061,113. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -867,595. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -867,595. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,193,518. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 4,193,518. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 4,193,518. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,061,113. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 5,061,113. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 5,061,113. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Employer identification number

47-0902020

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) JERSEY CITY PUBLIC SCHOOLS 346 CLAREMONT AVENUE JERSEY CITY, NJ 07305 | 22-6002012 | 115 | 38,000. | | | | SCHOOL INCENTIVE |
| (2) CENTRAL ISLIP UNIFIED SCHOOL DISTRICT 50 WHEELER ROAD CENTRAL ISLIP, NY 11722 | 11-6002033 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (3) ROCHESTER CITY SCHOOL DISTRICT 131 W. BROAD STREET ROCHESTER, NY 14614 | 16-6002010 | 115 | 6,864. | | | | SCHOOL INCENTIVE |
| (4) PEORIA UNIFIED SCHOOL DISTRICT 6330 W. THUNDERBIRD RD. GLENDALE, AZ 85306 | 86-6000488 | 115 | 21,500. | | | | SCHOOL INCENTIVE |
| (5) SUNNYSIDE UNIFIED DISTRICT 2238 EAST GINTER ROAD TUCSON, AZ 85706 | 86-6000792 | 115 | 17,000. | | | | SCHOOL INCENTIVE |
| (6) TUCSON UNIFIED DISTRICT 1010 E. TENTH ST. TUCSON, AZ 85719 | 86-6000551 | 115 | 5,999. | | | | SCHOOL INCENTIVE |
| (7) ALBUQUERQUE PUBLIC SCHOOLS P.O. BOX 25704 ALBUQUERQUE, NM 87125 | 85-6000101 | 115 | 8,500. | | | | SCHOOL INCENTIVE |
| (8) HOUSTON INDEPENDENT SCHOOL DISTRICT 4400 WEST 18TH STREET HOUSTON, TX 77092 | 10-1912143 | 115 | 8,368. | | | | SCHOOL INCENTIVE |
| (9) MCALLEN INDEPENDENT SCHOOL DISTRICT 2000 NORTH 23RD STREET MCALLEN, TX 78501 | 10-8906121 | 115 | 5,500. | | | | SCHOOL INCENTIVE |
| (10) SPRINGBRANCH INDEPENDENT SCHOOL DISTRICT 955 CAMPBELL HOUSTON, TX 77024 | 74-6001379 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (11) BROWARD COUNTY SCHOOL DISTRICT 600 SE THIRD AVE. FT. LAUDERDALE, FL 33301 | 59-6000550 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (12) DADE COUNTY SCHOOL DISTRICT 1450 NE 2ND AVENUE MIAMI, FL 33132 | 59-6000572 | 115 | 8,500. | | | | SCHOOL INCENTIVE |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ACTION FOR HEALTHY KIDS, INC.

Employer identification number
47-0902020

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | MANATEE COUNTY SCHOOL DISTRICT 215 MANATEE AVENUE WEST BRADENTON, FL 34205 | 59-6000728 | 115 | 8,500. | | | | SCHOOL INCENTIVE |
| (2) | PINELLAS COUNTY SCHOOL DISTRICT 301 FOURTH ST SW LARGO, FL 33770 | 59-6000799 | 115 | 10,800. | | | | SCHOOL INCENTIVE |
| (3) | LUCIE COUNTY SCHOOL DISTRICT 4204 OKEECHOBEE ROAD FORT PIERCE, FL 34947 | 59-6000832 | 115 | 5,500. | | | | SCHOOL INCENTIVE |
| (4) | MERIDIAN JOINT SCHOOL DISTRICT 2 1303 E. CENTRAL DRIVE MERIDIAN, ID 83642 | 82-6001213 | 115 | 6,980. | | | | SCHOOL INCENTIVE |
| (5) | HAMILTON SOUTHEASTERN SCHOOLS 1385 CUMBERLAND RD. FISHERS, IN 46038 | 35-1099143 | 115 | 5,800. | | | | SCHOOL INCENTIVE |
| (6) | BALTIMORE CITY PUBLIC SCHOOL SYSTEM 200 E. NORTH AVENUE BALTIMORE, MD 21202 | 52-2064235 | 115 | 12,600. | | | | SCHOOL INCENTIVE |
| (7) | PHILADELPHIA CITY SCHOOL DISTRICT 440 N. BROAD STREET PHILADELPHIA, PA 19130 | 23-6004102 | 115 | 10,373. | | | | SCHOOL INCENTIVE |
| (8) | STATE COLLEGE AREA SCHOOL DISTRICT 131 W. NITTANY AVE. STATE COLLEGE, PA 16801 | 24-6001247 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (9) | CLOVERLEAF LOCAL SCHOOL DISTRICT 7500 BUFFHAM ROAD SEVILLE, OH 44273 | 34-6001694 | 115 | 9,700. | | | | SCHOOL INCENTIVE |
| (10) | LAKOTA LOCAL SCHOOL DISTRICT 5572 PRINCETON ROAD LIBERTY TOWN, OH 45011 | 31-6000897 | 115 | 11,800. | | | | SCHOOL INCENTIVE |
| (11) | BENDLE PUBLIC SCHOOLS 3420 COLUMBINE AVENUE BURTON, MI 48529 | 38-1714600 | 115 | 5,525. | | | | SCHOOL INCENTIVE |
| (12) | BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601 | 42-6037437 | 115 | 9,000. | | | | SCHOOL INCENTIVE |

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | DES MOINES INDEPENDENT COMMUNITY SCHOOL DIS. 901 WALNUT STREET DES MOINES, IA 50309 | 42-6001433 | 115 | 13,500. | | | | SCHOOL INCENTIVE |
| (2) | ELGIN SCHOOL DISTRICT U-46 355 E. CHICAGO ST. ELGIN, IL 60120 | 36-6004736 | 115 | 19,500. | | | | SCHOOL INCENTIVE |
| (3) | FARGO SCHOOL DISTRICT 1 415 NORTH 4TH STREET FARGO, ND 58102 | 45-6000294 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (4) | FAYETTEVILLE PUBLIC SCHOOLS 1000 W. STONE ST. FAYETTEVILLE, AK 72701 | 71-6021514 | 115 | 6,770. | | | | SCHOOL INCENTIVE |
| (5) | MINNEAPOLIS PUBLIC SCHOOL DISTRICT 2225 E. LAKE STREET MINNEAPOLIS, MN 55407 | 41-0851980 | 115 | 14,465. | | | | SCHOOL INCENTIVE |
| (6) | SIoux CITY COMMUNITY SCHOOL DISTRICT 627 4TH STREET SIOUX CITY, IA 51101 | 42-6003589 | 115 | 18,500. | | | | SCHOOL INCENTIVE |
| (7) | SOUTHEAST POLK COMMUNITY SCHOOL DISTRICT 8379 NE UNIVERSITY PLEASANT HILL, IA 50327 | 42-0863054 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (8) | TULSA PUBLIC SCHOOLS 3027 S. NEW HAVEN AVEN TULSA, OK 74114 | 73-6021242 | 115 | 16,415. | | | | SCHOOL INCENTIVE |
| (9) | VALLEY VIEW COMMUNITY SCHOOL DIST. #365-U 755 DALHART AVENUE ROMEVILLE, IL 60446 | 36-2740550 | 115 | 8,000. | | | | SCHOOL INCENTIVE |
| (10) | WAUKEGAN COMMUNITY SCHOOL DISTRICT #60 1201 NORTH SHERIDAN ROAD WAUKEGAN, IL 60085 | 36-2703832 | 115 | 8,120. | | | | SCHOOL INCENTIVE |
| (11) | WEST DES MOINES COMMUNITY SCHOOL DISTRICT 3550 MILLS CIVIC W. DES MOINES, IA 50265 | 42-6004027 | 115 | 7,850. | | | | SCHOOL INCENTIVE |
| (12) | WICHITA UNIFIED SCHOOL DISTRICT #259 201 NORTH WATER WICHITA, KS 62702 | 48-6000351 | 115 | 36,700. | | | | SCHOOL INCENTIVE |

- Enter total number of section 501(c)(3) and government organizations
- Enter total number of other organizations

Schedule I (Form 990) (2010)

JSA

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States.

1 Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) WOODSTOCK COMMUNITY SCHOOL DISTRICT #200 227 W. JUDD STREET WOODSTOCK, IL 60098 | 36-2679016 | 115 | 6,500. | | | | SCHOOL INCENTIVE |
| (2) BOSTON PUBLIC SCHOOLS 26 COURT STREET BOSTON, MA 02108 | 04-6001380 | 115 | 8,000. | | | | SCHOOL INCENTIVE |
| (3) LINCOLN PUBLIC SCHOOLS P. O. BOX 82889 LINCOLN, NE 68501 | 47-6003955 | 115 | 13,750. | | | | SCHOOL INCENTIVE |
| (4) OMAHA PUBLIC SCHOOLS 3215 CUMING STREET OMAHA, NE 68131 | 47-6002629 | 115 | 5,400. | | | | SCHOOL INCENTIVE |
| (5) CHARLOTTE-MECKLENBURG SCHOOLS P. O. BOX 30035 CHARLOTTE, NC 28230 | 56-6001074 | 115 | 7,900. | | | | SCHOOL INCENTIVE |
| (6) FORSYTH COUNTY SCHOOLS P. O. BOX 2513 WINSTON-SALEM, NC 27102 | 56-0795164 | 115 | 7,925. | | | | SCHOOL INCENTIVE |
| (7) GREENUP COUNTY 45 MUSKETEER DRIVE GREENUP, KY 41144 | 61-6001287 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (8) JEFFERSON COUNTY SCHOOLS P. O. BOX 34020 LOUISVILLE, KY 40232 | 61-6001316 | 115 | 7,300. | | | | SCHOOL INCENTIVE |
| (9) SURRY COUNTY SCHOOLS 209 N. CRUTCHFIELD STREET DOBSON, NC 27017 | 56-6001117 | 115 | 12,000. | | | | SCHOOL INCENTIVE |
| (10) FLAGLER COUNTY SCHOOLS 1769 E. MOODY BLVD. BURNELL, FL 32110 | 99-9999999 | 115 | 8,500. | | | | SCHOOL INCENTIVE |
| (11) MARSHALL COUNTY SCHOOL 2700 E. 4TH STREET MOUNDSVILLE, WV 26041 | 99-9999999 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (12) NORTH ATLANTA HIGH SCHOOL 2875 NORTHSIDE DRIVE NW ATLANTA, GA 30305 | 99-9999999 | 115 | 5,600. | | | | SCHOOL INCENTIVE |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | WATERFORD SCHOOL DISTRICT 1150 SCOTT LAKE RD. WATERFORD, MI 48462 | 99-9999999 | 115 | 6,000. | | | | SCHOOL INCENTIVE |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations 49.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 0.

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

SCHEDULE I, PART I, LINE 2

GRANTS ARE AWARDED THROUGH AN APPLICATION PROCESS AVAILABLE TO ALL SCHOOLS WITHIN AMERICA. SELECTED SCHOOLS MUST PROVIDE A PLAN TO ENHANCE THEIR NUTRITION AND/OR PHYSICAL ACTIVITY PROGRAMS FOR SCHOOL CHILDREN. EACH SCHOOL OR SCHOOL DISTRICT IS REQUIRED TO PROVIDE PERIODIC REPORTS ON HOW THE GRANT AWARDS HAVE BEEN UTILIZED WITHIN THEIR SCHOOL ENVIRONMENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ATCH 1) | | 300. | 446,421. | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|----------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| OFFICE SUPPLIES | X | 50. | 47,296. | COST |
| PRINTING AND COPYING | X | 50. | 64,302. | COST |
| TELEPHONE | X | 50. | 20,220. | COST |
| POSTAGE AND DELIVERY | X | 50. | 12,335. | COST |
| TRAVEL | X | 50. | 199,821. | COST |
| MEETING COSTS | X | 50. | 102,447. | COST |
| TOTALS | | <u>300.</u> | <u>446,421.</u> | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

47-0902020

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

FORM 990, PART VI, LINE 11

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

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY ON BOARD AGENDA ANNUALLY AND THERE ARE
PERIODIC COMPLIANCE DISCUSSIONS BETWEEN THE BOARD AND MANAGEMENT DURING
THE YEAR.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

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

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

AVAIL OF DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, LINE 19

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

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

ATTACHMENT 1

ACTION FOR HEALTHY KIDS IS THE NATION'S LEADING NONPROFIT AND LARGEST
VOLUNTEER NETWORK FIGHTING CHILDHOOD OBESITY AND UNDERNOURISHMENT BY
HELPING SCHOOLS BECOME HEALTHIER PLACES SO OUR KIDS CAN LEARN TO EAT

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSIONATTACHMENT 1 (CONT'D)

RIGHT, ARE ACTIVE EVERY DAY AND ARE READY TO LEARN. NATIONWIDE, THE SCHOOL-BASED, GRASSROOTS EFFORTS OF OUR 20,000+ VOLUNTEERS ARE SUPPORTED BY A COLLABORATION OF MORE THAN 70 ORGANIZATIONS, CORPORATIONS AND GOVERNMENT AGENCIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ACTION FOR HEALTHY KIDS IS THE NATION'S LARGEST VOLUNTEER NETWORK WORKING WITH SCHOOLS TO FIGHT CHILDHOOD OBESITY AND UNDERNOURISHMENT BY PROVIDING PROGRAMS, SERVICES AND EXPERTISE THAT IMPROVE NUTRITION IN SCHOOLS AND INCREASE OPPORTUNITIES FOR KIDS TO BE MORE ACTIVE. WE HAVE BUILT AN INFRASTRUCTURE CONSISTING OF NATIONAL STAFF, CONTRACTED STATE AND LOCAL PROJECT COORDINATORS, KEY STATE LEADERS, PEER LEARNING NETWORKS ACROSS 51 STATE TEAMS, 20,000 VOLUNTEERS, AND 72 NATIONAL PARTNERS TO DELIVER THE TECHNICAL ASSISTANCE NECESSARY FOR SCHOOL COMMUNITIES TO ACHIEVE THEIR DESIRED RESULTS. WE SUPPORT OUR SCHOOL WELLNESS VOLUNTEERS AT ONE OR MORE LEVELS OF OUR LEARN-ACT-TRANSFORM APPROACH, WHICH CAN BE SUMMARIZED AS FOLLOWS:

- *LEARN - HOST LOCAL WORKSHOPS/TRAININGS/CONFERENCES ON WELLNESS PROGRAMS AND POLICIES TO EDUCATE AND EMPOWER SCHOOL/COMMUNITY LEADERS AND VOLUNTEERS.
- *ACT - PROVIDE TECHNICAL ASSISTANCE AND FUNDS TO SCHOOLS DIRECTLY TO INITIATE IMPROVEMENTS TO SCHOOL WELLNESS.
- *TRANSFORM - SUPPORT SCHOOLS AS THEY IMPLEMENT EFFECTIVE,

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

ATTACHMENT 2 (CONT'D)

LONG-TERM NUTRITION POLICIES, PROGRAMS AND PRACTICES.

ATTACHMENT 3

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

ACTION FOR HEALTHY KIDS OFFERS A CONTINUUM OF PROGRAMS FOR STUDENTS IN KINDERGARTEN THROUGH HIGH SCHOOL BEFORE, DURING AND AFTER-SCHOOL.

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

WORKING WITH LONG-TIME PARTNERS THE NFL AND NATIONAL DAIRY COUNCIL, WE PROMOTE YOUTH FITNESS IN MIDDLE SCHOOLS BY INTEGRATING THE FUEL UP TO PLAY 60 PROGRAM. FUEL UP TO PLAY 60, IN PLACE IN 70,000 SCHOOLS ACROSS THE NATION, ENCOURAGES STUDENTS TO EAT HEALTHY, BE ACTIVE, GET 60 MINUTES OF PHYSICAL ACTIVITY EVERY DAY AND PUT IN PLACE LONG-TERM, POSITIVE CHANGES FOR THEMSELVES AND THEIR SCHOOLS.

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

ATTACHMENT 3 (CONT'D)

OUR STUDENTS TAKING CHARGE PROGRAM, LAUNCHED NATIONWIDE IN 2009, PROVIDES HIGH SCHOOL STUDENTS WITH RESOURCES AND SUPPORT TO BECOME LEADERS IN HELPING THEIR SCHOOLS BECOME HEALTHIER PLACES.

FINALLY, RECHARGE! ENERGIZING AFTER-SCHOOL, DEVELOPED IN PARTNERSHIP WITH THE NATIONAL FOOTBALL LEAGUE, HAS HELPED ELEMENTARY SCHOOL-AGED KIDS LEARN TO MAKE HEALTHY FOOD CHOICES AND BE MORE ACTIVE DURING AFTER-SCHOOL HOURS SINCE 2005.

ATTACHMENT 4

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

ACTION FOR HEALTHY KIDS USES AN INTEGRATED COMMUNICATIONS APPROACH TO FOSTER AWARENESS OF BEST-PRACTICE SCHOOL WELLNESS AND VOLUNTEER ENGAGEMENT. THIS APPROACH INCLUDES A DYNAMIC WEB SITE - WWW.ACTIONFORHEALTHYKIDS.ORG - THAT HOUSES AN ONLINE RESOURCE CLEARINGHOUSE AND ALLOWS FOR TARGETED EMAIL CAPABILITIES, CUSTOMIZED COMMUNICATIONS BASED ON MEMBERS' INTERESTS, ONLINE FUNDRAISING, SUPPORT FOR PUBLIC POLICY ADVOCACY AND CONFERENCE LEARNING OPPORTUNITIES THROUGH WEBINARS. THE SITE REALIZED ABOUT 122,354 UNIQUE VISITORS IN 2010. THE ORGANIZATION ALSO APPEARED IN ONLINE AND PRINT PUBLICATIONS WITH MEDIA IMPRESSIONS OF AROUND 97 MILLION.

ACTION FOR HEALTHY KIDS HAS BEEN AN ADVOCATE FOR HEALTHIER SCHOOLS

Name of the organization

ACTION FOR HEALTHY KIDS, INC.

Employer identification number

47-0902020

ATTACHMENT 4 (CONT'D)

AND CHILDREN SINCE ITS FOUNDING. INCREASED ACTIVITY RELATED TO REAUTHORIZATION OF CHILD NUTRITION PROGRAMS AND A FOCUS ON CHILDHOOD OBESITY AT THE FEDERAL AND STATE LEVELS HAS PROVIDED INCREASED OPPORTUNITY FOR PARTICIPATION OF OUR MEMBERS. IN FACT, IN 2010 WE LAUNCHED OUR FIRST-EVER NATIONAL PETITION DRIVE TO URGE CONGRESS TO PASS A WELL-FUNDED CHILD NUTRITION BILL.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ALL OTHER PROGRAM SERVICE EXPENSES RELATED TO THE FURTHERANCE OF IMPROVING CHILDRENS NUTRITION AND PHYSICAL ACTIVITY IN SCHOOLS

\$1,081,849.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|---|---|
| Type or print File by the extended due date for filing your return. See instructions. | Name of exempt organization ACTION FOR HEALTHY KIDS, INC. | Employer identification number 47-0902020 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 4711 W GOLF ROAD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SKOKIE, IL 60076 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | |
| Form 990-EZ | 03 | Form 4720 | 08 |
| Form 990-PF | 04 | Form 5227 | 09 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 10 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 11 |
| | | | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ ROBERT BISCEGLIE**
Telephone No. **▶ 847 329-1766** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **11/15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning **20**, and ending **20**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

| | | | |
|--|----|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | | | |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8b | \$ | 0. |
| | 8c | \$ | 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *Ben P. Altshuler* Title **▶** *Sr. Manager* Date **▶** *8/12/11*