

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ACTION FOR HEALTHY KIDS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

600 W VAN BUREN STREET

Room/suite

720

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60607**F** Name and address of principal officer: **ROBERT BISCEGLIE****SAME AS C ABOVE****D** Employer identification number**47-0902020****E** Telephone number**312-379-8218****G** Gross receipts \$ **21,033,102.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ACTIONFORHEALTHYKIDS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2002** **M** State of legal domicile: **IL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ACTION FOR HEALTHY KIDS IS A NATIONWIDE GRASSROOTS NETWORK THAT MOBILIZES SCHOOL PROFESSIONALS,	
	2	Check this box ☐ 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) 18	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 18	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 39	
	6	Total number of volunteers (estimate if necessary) 100000	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 15,573,261.	20,592,460.
	9	Program service revenue (Part VIII, line 2g) 457,738.	427,975.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,146.	7,075.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 300.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,065,445.	21,027,510.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,516,500.	13,121,232.
	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) 2,986,011.	3,290,976.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 615,738.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,113,864.	4,998,392.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,616,375.	21,410,600.
19	Revenue less expenses. Subtract line 18 from line 12 -550,930.	-383,090.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 4,685,321.	2,952,596.
	21	Total liabilities (Part X, line 26) 3,111,718.	1,762,083.
	22	Net assets or fund balances. Subtract line 21 from line 20 1,573,603.	1,190,513.

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		Date		
	ROBERT BISCEGLIE, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	RON MARKLUND	RON MARKLUND	04/29/26		P01985511
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DUGAN & LOPATKA, CPA'S PC	36-2886485		630-665-4440	
Firm's address		4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

ACTION FOR HEALTHY KIDS IS A NATIONWIDE GRASSROOTS NETWORK THAT MOBILIZES SCHOOL PROFESSIONALS, PARENTS, AND COMMUNITIES TO ACTIVATE SCHOOL-BASED PROGRAMS THAT ARE IN SUPPORT OF CHILDREN'S PHYSICAL, SOCIAL AND EMOTIONAL, AND NUTRITIONAL HEALTH. THROUGH TRAINING,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 18,979,392. including grants of \$ 12,951,232.) (Revenue \$ 103,423.)

ACTION FOR HEALTHY KIDS PROVIDES SCHOOLS WITH PROGRAMMATIC AND FINANCIAL SUPPORT TO HELP WITH SPECIFIC AREAS LIKE NUTRITION EDUCATION, HEALTHIER FOOD OPTIONS AND FOOD SERVICE EQUIPMENT.

4b (Code:) (Expenses \$ 873,462. including grants of \$ 170,000.) (Revenue \$ 324,552.)

SCHOOL WELLNESS PROGRAMS PROVIDE SCHOOLS WITH GRANTS, TECHNICAL ASSISTANCE, TRAININGS AND PROGRAMMATIC MATERIALS AROUND THE AREAS OF PARENT ENGAGEMENT, PHYSICAL ACTIVITY, SOCIAL AND EMOTIONAL HEALTH FOR ALL KIDS.

4c (Code:) (Expenses \$ 250,134. including grants of \$) (Revenue \$)

THE RISK BEHAVIOR PREVENTION PROGRAM IS DEDICATED TO PREVENTING RISKY BEHAVIORS LIKE SMOKING AND VAPING AMONG YOUTH. THROUGH EDUCATION, PEER SUPPORT, AND COMMUNITY OUTREACH, THE PROGRAM EMPOWERS YOUNG PEOPLE TO MAKE INFORMED, HEALTHY DECISIONS AND RESIST PEER PRESSURE.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,102,988.

Form 990 (2024)

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020

Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	41
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 39		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IL, KS, MA, NC, WI, AL, AR, CA, CT, FL, GA, HI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
RICHARD ROLECK - 312-379-8218
600 W VAN BUREN STREET, 720, CHICAGO, IL 60607

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

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

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBERT BISCEGLIE CHIEF EXECUTIVE OFFICER	36.00 4.00			X				279,205.	0.	30,744.
(2) SHELLIE PFOHL CHIEF GROWTH OFFICER	20.00 20.00				X			0.	187,893.	28,966.
(3) RICH ROLECK CHIEF FINANCIAL OFFICER	32.00 8.00				X			164,875.	0.	22,048.
(4) LESLEY GRAHAM CHIEF PROGRAM OFFICER	40.00				X			155,070.	0.	23,447.
(5) BARBARA MECHURA USDA PROGRAM DIRECTOR	40.00					X		158,174.	0.	17,361.
(6) LEAH LESSARD CHIEF RESEARCH & EVALUATION OFFICER	40.00					X		135,263.	0.	11,510.
(7) SEAN WADE DEVELOPMENT DIRECTOR	40.00					X		104,513.	0.	22,513.
(8) MARTIN MCHALE JR CHAIR	2.00	X		X				0.	0.	0.
(9) ROBERT MURRAY VICE CHAIR	2.00	X		X				0.	0.	0.
(10) JULIE BOSLEY TREASURER	2.00	X		X				0.	0.	0.
(11) ANASTASIA FISCHER DIRECTOR	2.00	X						0.	0.	0.
(12) RICH ABEND DIRECTOR	2.00	X						0.	0.	0.
(13) ERIC STERN DIRECTOR	2.00	X						0.	0.	0.
(14) ANN MARCHETTI DIRECTOR	2.00	X						0.	0.	0.
(15) INDRA MEHROTRA DIRECTOR	2.00	X						0.	0.	0.
(16) CHERYL AUSTEIN CASNOFF DIRECTOR	2.00	X						0.	0.	0.
(17) LAURA CUBILLOS DIRECTOR	2.00	X						0.	0.	0.

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) KRISTIN CARROLL DIRECTOR	2.00	X						0.	0.	0.
(19) MICHAEL HAMILTON DIRECTOR	2.00	X						0.	0.	0.
(20) CHRIS JENSEN DIRECTOR	2.00	X						0.	0.	0.
(21) JOHN MUSOLINO DIRECTOR	2.00	X						0.	0.	0.
(22) STEPHANIE WHYTE DIRECTOR	2.00	X						0.	0.	0.
(23) WILLIAM POTTS-DATEMA DIRECTOR	2.00	X						0.	0.	0.
(24) KYMM BALLARD DIRECTOR	2.00	X						0.	0.	0.
(25) HILLARY MORGRIDGE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								997,100.	187,893.	156,589.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								997,100.	187,893.	156,589.

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

7

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMPLUS AGENCY, 817 W TUCKER STREET STE 201, FORT WORTH, TX 76104	MARKETING SERVICES	250,834.
COMMUNICATIONS STRATEGIES GROUP 1715 W ALTGELD UNIT 1, CHICAGO, IL 60614	MARKETING SERVICES	178,602.
HARBORCOAT CONSULTING, LLC 3697 JACINTA COURT, FORT MILL, SC 29708	TECHNOLOGY	167,438.
GS SERVICES PO BOX 161392, FORT WORTH, TX 76161	PRINTING SERVICES	159,013.

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

4

Form 990 (2024)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	18,800,411.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,792,049.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		20,592,460.			
Program Service Revenue	2 a	CONSULTING INCOME	Business Code	611710	386,241.	386,241.	
	b	CONFERENCE FEES		611710	41,734.	41,734.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		427,975.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			12,667.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		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)			-5,592.		-5,592.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions			21,027,510.	427,975.	0.

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 10

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒ X

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 domestic organizations and domestic governments. See Part IV, line 21	13,121,232.	13,121,232.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	784,484.	178,517.	396,445.	209,522.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,847,162.	1,737,409.	37,204.	72,549.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,991.	50,735.	369.	1,887.
9 Other employee benefits	350,345.	294,739.	30,163.	25,443.
10 Payroll taxes	255,994.	190,744.	39,153.	26,097.
11 Fees for services (nonemployees):				
a Management				
b Legal	56,004.		56,004.	
c Accounting	76,323.		76,323.	
d Lobbying	5,000.	4,259.	56.	685.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	729,224.	625,826.	2,699.	100,699.
12 Advertising and promotion				
13 Office expenses	402,188.	341,094.	10,849.	50,245.
14 Information technology				
15 Royalties				
16 Occupancy	115,122.	103,610.	5,756.	5,756.
17 Travel	741,305.	725,356.	1,476.	14,473.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,390.	12,123.	25.	242.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,522.	10,370.	576.	576.
23 Insurance	38,266.	34,440.	1,913.	1,913.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	2,778,185.	2,672,534.		105,651.
b BOARD MEETINGS AND EXPE	32,863.		32,863.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,410,600.	20,102,988.	691,874.	615,738.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Public Inspection Copy

Form 990 (2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 11

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	34,027.	1	11,644.
	2	Savings and temporary cash investments	609,910.	2	287,794.
	3	Pledges and grants receivable, net	2,975,094.	3	1,576,550.
	4	Accounts receivable, net	471,773.	4	629,632.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	85,081.	9	58,483.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 299,988.		
	b	Less: accumulated depreciation	10b 287,775.	10c	12,213.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	474,181.	14	370,352.
	15	Other assets. See Part IV, line 11	5,928.	15	5,928.
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,685,321.	16	2,952,596.	
Liabilities	17	Accounts payable and accrued expenses	2,624,698.	17	1,378,265.
	18	Grants payable		18	
	19	Deferred revenue	4,818.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	482,202.	25	383,818.
	26	Total liabilities. Add lines 17 through 25	3,111,718.	26	1,762,083.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	213,488.	27	287,045.
	28	Net assets with donor restrictions	1,360,115.	28	903,468.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,573,603.	32	1,190,513.
	33	Total liabilities and net assets/fund balances	4,685,321.	33	2,952,596.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,027,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,410,600.
3	Revenue less expenses. Subtract line 2 from line 1	3	-383,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,573,603.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,190,513.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	☒	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	☒	

Form 990 (2024)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024**Open to Public
Inspection**

Name of the organization

ACTION FOR HEALTHY KIDS

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Public Inspection Copy

Schedule A (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,902,622.	1,325,004.	3,245,151.	15,573,261.	20,592,460.	43,638,498.
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	2,902,622.	1,325,004.	3,245,151.	15,573,261.	20,592,460.	43,638,498.
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)						1,986,017.
6 Public support. Subtract line 5 from line 4.						41,652,481.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,902,622.	1,325,004.	3,245,151.	15,573,261.	20,592,460.	43,638,498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,835.	4,549.	31,736.	34,146.	12,667.	85,933.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,100.	1,200.		300.		4,600.
11 Total support. Add lines 7 through 10						43,729,031.
12 Gross receipts from related activities, etc. (see instructions)					12	984,737.

13 **First 5 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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	95.25 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	83.02 %
16a 33 1/3% support test - 2024. 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 ☒		
b 33 1/3% support test - 2023. 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 ☐		
17a 10% -facts-and-circumstances test - 2024. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
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 ☐		

Schedule A (Form 990) 2024

Public Inspection Copy

Schedule A (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Public Inspection Copy

Schedule A (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Public Inspection Copy

Schedule A (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Public Inspection Copy

Schedule A (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Public Inspection Copy

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 3,100.

2021 AMOUNT: \$ 1,200.

2023 AMOUNT: \$ 300.

PART II

2020 COLUMN IS FOR THE PERIOD 1/1/21 TO 12/31/22

2021 COLUMN IS FOR THE PERIOD 1/1/22 TO 06/30/22

2022 COLUMN IS FOR THE PERIOD 7/1/22 TO 06/30/23

2023 COLUMN IS FOR THE PERIOD 7/1/23 TO 06/30/24

2024 COLUMN IS FOR THE PERIOD 7/1/24 TO 06/30/25

SCHEDULE C
(Form 990)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024**Open to Public
Inspection****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ACTION FOR HEALTHY KIDS

Employer identification number (EIN)

47-0902020**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.****1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.**2** Political campaign activity expenditures \$**3** Volunteer hours for political campaign activities**Part I-B Complete if the organization is exempt under section 501(c)(3).****1** Enter the amount of any excise tax incurred by the organization under section 4955 \$**2** Enter the amount of any excise tax incurred by organization managers under section 4955 \$**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No**4a** Was a correction made? ☐ Yes ☐ No**b** If "Yes," describe in Part IV.**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).****1** Enter the amount directly expended by the filing organization for section 527 exempt function activities \$**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$**4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

Public Inspection Copy

Schedule C (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Public Inspection Copy

Schedule C (Form 990) 2024

ACTION FOR HEALTHY KIDS

47-0902020 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,000.
j Total. Add lines 1c through 1i			5,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ACTION FOR HEALTHY KIDS WORKED WITH A CONSULTANT TO PROVIDE COMMENTS TO FEDERAL AGENCIES, SUCH AS USDA AND EDUCATION, ALONG WITH A FEW STATE LEVEL AGENCIES RELATED TO THE IMPLEMENTATION OF LOCAL SCHOOL WELLNESS POLICIES.

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ACTION FOR HEALTHY KIDS

Employer identification number

47-0902020

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?	☐ Yes	☐ 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?	☐ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Public Inspection Copy

Schedule D (Form 990) (Rev. 12-2024)

ACTION FOR HEALTHY KIDS

47-0902020 Page 2

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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" on 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 XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		61,187.	61,187.	0.
d Equipment		171,175.	158,962.	12,213.
e Other		67,626.	67,626.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				12,213.

Schedule D (Form 990) (Rev. 12-2024)

Public Inspection Copy

Schedule D (Form 990) (Rev. 12-2024) **ACTION FOR HEALTHY KIDS**

47-0902020 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	383,818.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	383,818.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) (Rev. 12-2024)

Public Inspection Copy

Schedule D (Form 990) (Rev. 12-2024) **ACTION FOR HEALTHY KIDS**

47-0902020 Page **4**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	21,033,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	5,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,500.
3	Subtract line 2e from line 1	3	21,027,510.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,027,510.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	21,416,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,500.
3	Subtract line 2e from line 1	3	21,410,600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,410,600.

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN ESTABLISHED.

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION, ILLINOIS, AND COLORADO. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2022. THE ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

Public Inspection Copy

SCHEDULE I
(Form 990)

(Rev. December 2024)

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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ACTION FOR HEALTHY KIDS

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADDISON COMMUNITY SCHOOL DISTRICT 219 N COMSTOCK ST ADDISON, MI 49220	38-6002386	115	41,011.	0.			SCHOOL GRANT
ADDISON NORTHWEST SCHOOL DISTRICT 11 MAIN ST STE B100 VERGENNES, VT 05491	81-5122244	115	57,671.	0.			SCHOOL GRANT
ALCONA COMMUNITY SCHOOL DISTRICT 51 N BARLOW ROAD HARRISVILLE, MI 48740	38-6025261	115	35,302.	0.			SCHOOL GRANT
ALDEN - HEBRON SCHOOL DISTRICT 19 11915 PRICE RD HEBRON, IL 60034	36-6005089	115	37,317.	0.			SCHOOL GRANT
AMANA ACADEMY - N FULTON 285 SOUTH MAIN STREET ALPHARETTA, GA 30009	16-1675588	115	129,962.	0.			SCHOOL GRANT
ANACORTES SCHOOL DISTRICT 2200 M AVE ANACORTES, WA 98221	91-6016222	115	6,621.	0.			SCHOOL GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 211.

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

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

Schedule I (Form 990) (Rev. 12-2024)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTIETAM SCHOOL DISTRICT 100 ANTIETAM ROAD READING, PA 19606	23-1667957	115	104,000.	0.			SCHOOL GRANT
ARDMORE CITY SCHOOLS 611 VETERANS BOULEVARD ARDMORE, OK 73401	73-6021040	115	77,078.	0.			SCHOOL GRANT
ARMADA AREA SCHOOL DISTRICT 74500 BURK ST ARMADA, MI 48005	38-6002494	115	23,036.	0.			SCHOOL GRANT
ASHDOWN SCHOOL DISTRICT 31 751 RANKIN ST ASHDOWN, AR 71822	71-6021358	115	150,000.	0.			SCHOOL GRANT
ATCHISON PUBLIC SCHOOLS 626 COMMERCIAL ST ATCHISON, KS 66002	48-0697623	115	5,321.	0.			SCHOOL GRANT
ATHENA - WESTON SCHOOL DISTRICT 29RJ - 375 S 5TH ST - ATHENA, OR 97813	93-6000944	115	23,519.	0.			SCHOOL GRANT
ATTICA CENTRAL SCHOOL DISTRICT 3338 E MAIN STREET ATTICA, NY 14011	16-6001489	115	30,000.	0.			SCHOOL GRANT
AUSTIN ACHIEVE PUBLIC SCHOOLS 5908 MANOR ROAD AUSTIN, TX 78723	27-3700807	115	142,443.	0.			SCHOOL GRANT
BALDWIN COUNTY SCHOOL DISTRICT 110 NORTH ABC ST MILLEDGEVILLE, GA 31061	58-6000184	115	43,110.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRE UNIFIED UNION SCHOOL DISTRICT - 120 AYERS ST - BARRE, VT 05641	35-2650739	115	17,336.	0.			SCHOOL GRANT
BELLWOOD SCHOOL DISTRICT 88 640 EASTERN AVE BELLWOOD, IL 60104	36-6004308	115	70,964.	0.			SCHOOL GRANT
BENDLE PUBLIC SCHOOL DISTRICT 3420 COLUMBINE AVENUE BURTON, MI 48529	38-6001193	115	115,881.	0.			SCHOOL GRANT
BETA ACADEMY 9701 ALMEDA GENOA RD HOUSTON, TX 77034	45-3019142	115	71,130.	0.			SCHOOL GRANT
BETTENDORF COMMUNITY SCHOOL DISTRICT - 3311 18TH STREET - BETTENDORF, IA 52722	42-6000825	115	14,921.	0.			SCHOOL GRANT
BEXLEY CITY SCHOOL DISTRICT 348 S CASSINGHAM RD BEXLEY, OH 43209	31-6400306	115	7,612.	0.			SCHOOL GRANT
BNOS YISROEL OF BALTIMORE 6300 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-2231272	115	91,250.	0.			SCHOOL GRANT
BORDEN-HENRYVILLE SCHOOL CORPORATION - 14312 RAILROAD ST - MEMPHIS, IN 47143	85-1661046	115	74,100.	0.			SCHOOL GRANT
BORREGO SPRINGS UNIFIED SCHOOL DISTRICT - 1315 PALM CANYON DR - BORREGO SPGS, CA 92004	95-6000319	115	64,735.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRADFORD EXEMPTED VILLAGE SCHOOL DISTRICT - 760 RAILROAD AVE - BRADFORD, OH 45308	31-6000740	115	81,137.	0.			SCHOOL GRANT
BRADFORD SPECIAL SCHOOL DISTRICT 106 W FRONT STREET BRADFORD, TN 38316	62-1007079	115	20,113.	0.			SCHOOL GRANT
BRISTOL TENNESSEE CITY SCHOOLS 801 ANDERSON STREET BRISTOL, TN 37620	62-6000249	115	9,362.	0.			SCHOOL GRANT
BROOKLYN CENTER COMMUNITY SCHOOLS 5910 SHINGLE CREEK PARKWAY BROOKLYN CTR, MN 55430	41-6009038	115	100,243.	0.			SCHOOL GRANT
BROOKS COUNTY SCHOOL DISTRICT 1081 BARWICK ROAD QUITMAN, GA 31643	58-6000195	115	36,750.	0.			SCHOOL GRANT
BURLINGAME UNIFIED SCHOOL DISTRICT 454 - 100 BLOOMQUIST DR STE A - BURLINGAME, KS 66413	48-0720622	115	55,902.	0.			SCHOOL GRANT
BURLINGTON CATHOLIC SCHOOL - SAINT MARY - 225 W STATE ST - BURLINGTON, WI 53105	83-3021410	115	7,050.	0.			SCHOOL GRANT
BURLINGTON SCHOOL DISTRICT RE - 6J 2600 ROSE AVE BURLINGTON, CO 80807	84-6012239	115	144,557.	0.			SCHOOL GRANT
CADILLAC AREA PUBLIC SCHOOL DISTRICT - 400 LINDEN ST - CADILLAC, MI 49601	38-6004197	115	81,076.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE CENTRAL SCHOOL DISTRICT 58 S PARK ST CAMBRIDGE, NY 12816	14-6002029	115	69,503.	0.			SCHOOL GRANT
CARBON COUNTY SCHOOL DISTRICT 2 PO BOX 1530 SARATOGA, WY 82331	83-0214548	115	43,959.	0.			SCHOOL GRANT
CARPINTERIA UNIFIED SCHOOL DISTRICT - 1400 LINDEN AVE - CARPINTERIA, CA 93013	96-6101195	115	71,809.	0.			SCHOOL GRANT
CARROLL CONSOLIDATED SCHOOL CORPORATION - 2 SOUTH 3RD STREET - FLORA, IN 46929	35-6006836	115	149,800.	0.			SCHOOL GRANT
CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT - 205 SCIO RD SW - CARROLLTON, OH 44615	34-6000522	115	70,904.	0.			SCHOOL GRANT
CARSONVILLE-PORT SANILAC SCHOOLS 100 N GOETZE ROAD CARSONVILLE, MI 48419	38-6003673	115	30,000.	0.			SCHOOL GRANT
CAVE CITY SCHOOL DISTRICT 711 N MAIN STREET CAVE CITY, AR 72521	71-6021266	115	120,619.	0.			SCHOOL GRANT
CENTER LINE PUBLIC SCHOOLS 26400 ARSENAL CENTER LINE, MI 48015	38-6002563	115	120,000.	0.			SCHOOL GRANT
CHESTER UNION FREE SCHOOL DISTRICT 64 HAMBLETONIAN AVE CHESTER, NY 10918	14-6001323	115	35,549.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAR LAKE COMMUNITY SCHOOL DISTRICT - 1529 3RD AVE N - CLEAR LAKE, IA 50428	42-6001167	115	28,409.	0.			SCHOOL GRANT
CLYMER CENTRAL SCHOOL DISTRICT 8672 E MAIN ST CLYMER, NY 14724	16-6001671	115	22,431.	0.			SCHOOL GRANT
COLLINSVILLE INDEPENDENT SCHOOL DISTRICT - 500 REEVES ST - COLLINSVILLE, TX 76233	75-6000751	115	141,334.	0.			SCHOOL GRANT
COLVILLE SCHOOL DISTRICT 115 217 S HOFSTETTER ST COLVILLE, WA 99114	91-1031540	115	150,000.	0.			SCHOOL GRANT
CORINTH CENTRAL SCHOOL DISTRICT 105 OAK ST CORINTH, NY 12822	14-6001380	115	5,083.	0.			SCHOOL GRANT
CORNERSTONE JEFFERSON - DOUGLASS ACADEMY - 6861 E NEVADA ST - DETROIT, MI 48234	47-1201089	115	57,553.	0.			SCHOOL GRANT
COVINGTON COMMUNITY SCHOOL CORPORATION - 601 MARKET STREET - COVINGTON, IN 47932	35-1067770	115	69,683.	0.			SCHOOL GRANT
CUMBERLAND COUNTY SCHOOL DISTRICT 810 N MAIN ST BURKESVILLE, KY 42717	61-6001251	115	77,643.	0.			SCHOOL GRANT
DECORAH COMMUNITY SCHOOL DISTRICT 1732 OLD STAGE ROAD DECORAH, IA 52101	37-1918607	115	13,168.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEER LODGE ELEMENTARY SCHOOL DISTRICT 1 - 444 MONTANA AVE - DEER LODGE, MT 59722	81-6000805	115	26,823.	0.			SCHOOL GRANT
DETROIT ACHEIVEMENT ACADEMY DISTRICT - 7000 WEST OUTER DRIVE - DETROIT, MI 48235	46-1938618	115	72,378.	0.			SCHOOL GRANT
DISTRICT 8 CONCORD 38 LIBERTY ST CONCORD, NH 03301	02-6000929	115	45,113.	0.			SCHOOL GRANT
DISTRICT OF COLUMBIA BILINGUAL CHARTER SCHOOL - 33 RIGGS RD NE 33 RIGGS RD NE - WASHINGTON, DC 20011	20-0412800	115	39,319.	0.			SCHOOL GRANT
DRYDEN CENTRAL SCHOOL DISTRICT 118 FREEVILLE ROAD DRYDEN, NY 13053	15-6002196	115	102,778.	0.			SCHOOL GRANT
EARLE SCHOOL DISTRICT 1401 3RD ST EARLE, AR 72331	71-6021260	115	73,571.	0.			SCHOOL GRANT
EDGEFIELD COUNTY SCHOOL DISTRICT 119 CARDINAL DRIVE JOHNSTON, SC 29832	57-6000346	115	64,648.	0.			SCHOOL GRANT
EDISON LOCAL SCHOOLS DISTRICT 140 SOUTH MAIN STREET MILAN, OH 44846	34-6400902	115	42,557.	0.			SCHOOL GRANT
ELBA CENTRAL SCHOOL DISTRICT 57 SOUTH MAIN STREET ELBA, NY 14058	16-6001708	115	52,638.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLENSBURG SCHOOL DISTRICT 1300 E 3RD AVE ELLENSBURG, WA 98926	91-6001849	115	68,215.	0.			SCHOOL GRANT
ENGLEWOOD SCHOOL DISTRICT 1 4101 S BANNOCK ST ENGLEWOOD, CO 80110	84-6000858	115	25,135.	0.			SCHOOL GRANT
ESPARTO UNIFIED SCHOOL DISTRICT 26675 PLAINFIELD ST ESPARTO, CA 95627	58-2083344	115	77,214.	0.			SCHOOL GRANT
ESSEX WESTFORD SCHOOL DISTRICT 76 PEARL ST SUITE 201 ESSEX JUNCTION, VT 05452-3662	81-2070986	115	31,768.	0.			SCHOOL GRANT
EVERGREEN LOCAL SCHOOL DISTRICT 14544 COUNTY ROAD 6 METAMORA, OH 43540	34-0942279	115	137,282.	0.			SCHOOL GRANT
EVERGREEN UNION SCHOOL DISTRICT 19500 LEARNING WAY COTTONWOOD, CA 96022	68-0353781	115	148,657.	0.			SCHOOL GRANT
FABIUS POMPEY CENTRAL SCHOOL DISTRICT - 1211 MILL ST - FABIUS, NY 13063	15-6002206	115	111,567.	0.			SCHOOL GRANT
FARMWORKERS INSTITUTE OF LEADERSHIP AND EDUCATION DEVELOPMENT - 122 EAST TEHACHAPI BOULEVARD SUITE C - TEHACHAPI, CA	95-3276531	115	68,241.	0.			SCHOOL GRANT
FLORENCE INDEPENDENT SCHOOL DISTRICT - 306 COLLEGE AVE - FLORENCE, TX 76527	74-6000844	115	20,771.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA A&M UNIVERSITY DEVELOPMENTAL RESEARCH - 400 ORANGE AVE W - TALLAHASSEE, FL 32305	59-0977035	115	133,226.	0.			SCHOOL GRANT
FORT EDWARD UNION FREE SCHOOL DISTRICT - 220 BROADWAY - FORT EDWARD, NY 12828	14-6001472	115	76,194.	0.			SCHOOL GRANT
FRANKFORT INDEPENDENT SCHOOL DISTRICT - 212 STEELE STREET - FRANKFORT, KY 40601	61-6001407	115	106,937.	0.			SCHOOL GRANT
FRANKLIN SPECIAL SCHOOL DISTRICT 507 NEW HIGHWAY 96 W FRANKLIN, TN 37064	62-6000996	115	111,965.	0.			SCHOOL GRANT
FRONTIER CENTRAL SCHOOL DISTRICT 5120 ORCHARD AVE HAMBURG, NY 14075	16-6002853	115	31,387.	0.			SCHOOL GRANT
GALLATIN GATEWAY SCHOOL DISTRICT 35 - 100 MILL STREET PO BOX 383 - GALLATIN GATEWAY, MT 59730	26-4323374	115	16,889.	0.			SCHOOL GRANT
GARRETT COUNTY PUBLIC SCHOOLS 40 S 2ND ST OAKLAND, MD 21550	52-6000952	115	70,959.	0.			SCHOOL GRANT
GENESEE VALLEY CENTRAL SCHOOL DISTRICT - 1 JAGUAR DR - BELMONT, NY 14813	13-3895599	115	32,827.	0.			SCHOOL GRANT
GLADES COUNTY SCHOOL DISTRICT 400 10TH STREET PO BOX 459 MOORE HAVEN, FL 33471	59-6000624	115	80,784.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN CENTRAL SCHOOL DISTRICT 227 MAIN ST GOSHEN, NY 10924	14-6001501	115	59,952.	0.			SCHOOL GRANT
GRAHAM COUNTY SCHOOL DISTRICT 52 MOOSE BRANCH RD ROBBINSVILLE, NC 28771	56-6001037	115	27,363.	0.			SCHOOL GRANT
GRANT COUNTY SCHOOL DISTRICT 1505 NORTH MAIN STREER WILLIAMSTOWN, KY 41097	61-6001380	115	20,214.	0.			SCHOOL GRANT
GREAT VALLEY SCHOOL DISTRICT 301 LINDENWOOD DR STE 210 MALVERN, PA 19355	23-1715696	115	67,113.	0.			SCHOOL GRANT
GREGORY SCHOOL DISTRICT 26 - 4 505 LOGAN AVE GREGORY, SD 57533	46-6001706	115	149,970.	0.			SCHOOL GRANT
HALE COUNTY SCHOOL DISTRICT 1115 POWERS ST GREENSBORO, AL 36744	63-6000912	115	94,635.	0.			SCHOOL GRANT
HARRISON PUBLIC SCHOOLS 110 S CHERRY ST HARRISON, AR 72601	71-6020567	115	5,873.	0.			SCHOOL GRANT
HARTFORD CENTRAL SCHOOL DISTRICT 4704 NEW YORK 149 HARTFORD, NY 12838	14-6001563	115	86,194.	0.			SCHOOL GRANT
HAWLEY INDEPENDENT SCHOOL DISTRICT 340 H AVENUE HAWLEY, TX 79525	75-6001759	115	114,420.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERMITAGE SCHOOL DISTRICT AR PO BOX 38 HERMITAGE, AR 71647	71-6021204	115	10,923.	0.			SCHOOL GRANT
HICKMAN COUNTY SCHOOL DISTRICT 416 N WATERFIELD DR CLINTON, KY 42031	61-6001262	115	69,324.	0.			SCHOOL GRANT
HOLLAND CENTRAL SCHOOL DISTRICT 103 CANADA ST HOLLAND, NY 14080	16-6001806	115	20,300.	0.			SCHOOL GRANT
HOPE ACADEMY 2300 CHICAGO AVE MINNEAPOLIS, MN 55404	41-1975574	115	43,680.	0.			SCHOOL GRANT
HOZHO ACADEMY 515 PARK AVE GALLUP, NM 87301	83-1080761	115	129,279.	0.			SCHOOL GRANT
INVICTUS ACADEMY OF RICHMOND 7150 PORTOLA DR EL CERRITO, CA 94530	82-3352415	115	112,477.	0.			SCHOOL GRANT
ITALY INDEPENDENT SCHOOL DISTRICT 300 COLLEGE ITALY, TX 76651	75-6001855	115	47,709.	0.			SCHOOL GRANT
JAMES A GARFIELD LOCAL SCHOOL DISTRICT - 10235 STATE ROUTE 88 - GARRETTSVILLE, OH 44231	34-6003695	115	84,300.	0.			SCHOOL GRANT
JAY SCHOOL DISTRICT 414 EAST FLORAL AVENUE PORTLAND, IN 47371	47-3711511	115	50,611.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON TOWNSHIP PUBLIC SCHOOLS 31 STATE ROUTE 181 LK HOPATCONG, NJ 07849	22-6002011	115	94,136.	0.			SCHOOL GRANT
JEWISH INSTITUTE OF QUEENS 6005 WOODHAVEN BLVD ELMHURST, NY 11373	54-2068797	115	50,153.	0.			SCHOOL GRANT
KAMIAH JOINT SCHOOL DISTRICT 304 1102 HILL ST KAMIAH, ID 83536	82-6004161	115	59,876.	0.			SCHOOL GRANT
LAMOILLE NORTH MODIFIED UNIFIED SCHOOL DISTRICT - 96 CRICKET HILL RD - HYDE PARK, VT 05655	81-5223317	115	76,478.	0.			SCHOOL GRANT
LEE COUNTY SCHOOL DISTRICT PO BOX 507 BISHOPVILLE, SC 29010	57-6000377	115	36,397.	0.			SCHOOL GRANT
LEXINGTON COUNTY SCHOOL DISTRICT 3 338 W COLUMBIA AVE BATSBRG LEVIL, SC 29006	57-0671159	115	103,589.	0.			SCHOOL GRANT
LINCOLN ELEMENTARY SCHOOL DISTRICT 27 - 304 8TH ST - LINCOLN, IL 62656	37-6003668	115	27,520.	0.			SCHOOL GRANT
LINCOLN-KING ADAMS YOUNG ACADEMY- HIGH SCHOOL - 13436 GROVE ST - DETROIT, MI 48235	87-1496836	115	119,740.	0.			SCHOOL GRANT
LIVINGSTON SCHOOL DISTRICT 4&1 129 RIVER DRIVE LIVINGSTON, MT, MT 59047	81-6000691	115	122,082.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS GATOS-SARATOGA UNION HIGH SCHOOL DISTRICT - 17421 FARLEY RD W - LOS GATOS, CA 95030	94-3118082	115	12,803.	0.			SCHOOL GRANT
LOS MOLINOS UNIFIED SCHOOL DISTRICT - 7851 STATE HIGHWAY 99E - LOS MOLINOS, CA 96055	68-0211884	115	84,464.	0.			SCHOOL GRANT
LUCK SCHOOL DISTRICT 810 S 7TH ST LUCK, WI 54853	39-6003164	115	50,215.	0.			SCHOOL GRANT
LUMPKIN COUNTY SCHOOL DISTRICT 56 INDIAN DR DAHLONEGA, GA 30533	58-6000281	115	22,326.	0.			SCHOOL GRANT
LYONS CENTRAL SCHOOL DISTRICT 10 CLYDE RD LYONS, NY 14489	15-6002267	115	53,053.	0.			SCHOOL GRANT
MADERA UNIFIED SCHOOL DISTRICT 1902 HOWARD RD MADERA, CA 93637	35-2247260	115	25,000.	0.			SCHOOL GRANT
MADRONE TRAIL CHARTER SCHOOL 3070 ROSS LN MEDFORD, OR 97502	59-3815980	115	63,058.	0.			SCHOOL GRANT
MANCELONA PUBLIC SCHOOL DISTRICT 112 ST. JOHNS AVE MANCELONA, MI 49659	38-6000409	115	69,181.	0.			SCHOOL GRANT
MARCOLA SCHOOL DISTRICT 79J 38300 WENDLING RD MARCOLA, OR 97454	93-6000602	115	55,516.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY WALKER SCHOOL DISTRICT 207 PO BOX 159 SPRINGDALE, WA 99173	91-1045103	115	21,517.	0.			SCHOOL GRANT
MAYSVILLE PUBLIC SCHOOL 600 1ST ST MAYSVILLE, OK 73057	73-6081865	115	42,217.	0.			SCHOOL GRANT
MCLEAN COUNTY SCHOOL DISTRICT PO BOX 245 CALHOUN, KY 42327	61-6001255	115	120,170.	0.			SCHOOL GRANT
MELVINDALE NRTHRN ALLEN PK SCHOOL DISTRICT - 18530 PROSPECT ST - MELVINDALE, MI 48122	38-6004166	115	50,448.	0.			SCHOOL GRANT
MERRILL COMMUNITY SCHOOLS 555 W ALICE ST MERRILL, MI 48637	38-6003444	115	30,000.	0.			SCHOOL GRANT
MIDWEST CENTRAL COMMUNITY UNIT DISTRICT 191 - 1010 S WASHINGTON ST - MANITO, IL 61546	37-6006342	115	116,354.	0.			SCHOOL GRANT
MILAN SPECIAL SCHOOL DISTRICT 1165 S MAIN ST MILAN, TN 38358	62-1112863	115	77,190.	0.			SCHOOL GRANT
MILES INDEPENDENT SCHOOL DISTRICT 1001 ROBINSON STREET MILES, TX 76861	75-1394232	115	40,954.	0.			SCHOOL GRANT
MILFORD SCHOOL DISTRICT 5 PO BOX C MILFORD, NE 68405	47-6005347	115	13,408.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLINOCKET SCHOOL DEPARTMENT PO BOX 30 MILLINOCKET, ME 04462	01-6000271	115	93,432.	0.			SCHOOL GRANT
MILLSAP INDEPENDENT SCHOOL DISTRICT - 201 E BRAZOS ST - MILLSAP, TX 76066	75-6002076	115	97,715.	0.			SCHOOL GRANT
MOFFAT COUNTY SCHOOL DISTRICT RE - 600 TEXAS AVE CRAIG, CO 81625	84-6012146	115	69,377.	0.			SCHOOL GRANT
MONONA GROVE SCHOOL DISTRICT 5301 MONONA DR MONONA, WI 53716	39-0988596	115	87,193.	0.			SCHOOL GRANT
MONTGOMERY COUNTY SCHOOL DISTRICT 703 DOBBINS ST MOUNT VERNON, GA 30445	58-6000291	115	24,937.	0.			SCHOOL GRANT
MOUNT ABRAHAM UNIFIED SCHOOL DISTRICT - 72 MUNSILL AVE STE 601 - BRISTOL, VT 05443	82-5242601	115	11,689.	0.			SCHOOL GRANT
MOUNT HOREB AREA SCHOOL DISTRICT 421 W GARFIELD ST MOUNT HOREB, WI 53572	39-1050370	115	50,802.	0.			SCHOOL GRANT
MOUNTAIN VIEW SCHOOL DISTRICT 244 714 JEFFERSON ST GRANGEVILLE, ID 83530	59-3838651	115	45,509.	0.			SCHOOL GRANT
NAUSET PUBLIC SCHOOLS 78 ELDREDGE PARK WAY ORLEANS, MA 02653	04-6006522	115	10,918.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA CITY ELEMENTARY SCHOOL DISTRICT - 800 HOOVER LN - NEVADA CITY, CA 95959	02-0723475	115	38,369.	0.			SCHOOL GRANT
NEVADA CITY SCHOOL OF THE ARTS 13032 BITNEY SPRINGS ROAD BLDG #8 NEVADA CITY, CA 95959	45-3591730	115	83,114.	0.			SCHOOL GRANT
NEWARK UNIFIED SCHOOL DISTRICT 37370 BIRCH ST., BLDG A NEWARK, CA 94560	94-1717677	115	25,000.	0.			SCHOOL GRANT
NEWMAN - CROWS LANDING UNIFIED SCHOOL DISTRICT - 1223 MAIN STREET - NEWMAN, CA 95360	94-6002388	115	71,914.	0.			SCHOOL GRANT
NEWPORT SCHOOL DISTRICT 56 - 415 PO BOX 70 NEWPORT, WA 99156	91-1036287	115	25,657.	0.			SCHOOL GRANT
NEZPERCE SCHOOL DISTRICT 614 2ND AVENUE NEZPERCE, ID 83543	82-6001370	115	6,963.	0.			SCHOOL GRANT
NORTH CONEJOS SCHOOL DISTRICT RE 1 - J - 17887 US HWY 285 - LA JARA, CO 81140	84-6001052	115	103,011.	0.			SCHOOL GRANT
NORTH FRANKLIN SCHOOL DISTRICT J-51-162 - PO BOX 829 - CONNELL, WA 99326	91-6001098	115	10,284.	0.			SCHOOL GRANT
NORTH LAWRENCE COMMUNITY SCHOOL DISTRICT - 460 W ST - BEDFORD, IN 47421	35-1105404	115	55,410.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH PROVIDENCE SCHOOL DISTRICT 2240 MINERAL SPRING AVE N PROVIDENCE, RI 02911	05-6000277	115	42,603.	0.			SCHOOL GRANT
NORTHEAST BRADFORD SCHOOL DISTRICT 526 PANTHER LANE ROME, PA 18837	24-6002165	115	36,777.	0.			SCHOOL GRANT
NORTHEAST VERNON COUNTY SCHOOL DISTRICT R1 - 216 E LESLIE AVE - WALKER, MO 64790	44-6004292	115	27,466.	0.			SCHOOL GRANT
NORTHVILLE CENTRAL SCHOOL DISTRICT 131 S THIRD S. PO BOX 608 NORTHVILLE, NY 12134	14-6001784	115	14,243.	0.			SCHOOL GRANT
ORCHARD VIEW SCHOOL DISTRICT 35 S SHERIDAN DR MUSKEGON, MI 49442	38-6002949	115	126,477.	0.			SCHOOL GRANT
PARIS COMMUNITY UNIT SCHOOL DISTRICT 4 - 15601 US HIGHWAY 150 - PARIS, IL 61944	37-6002718	115	8,431.	0.			SCHOOL GRANT
PARIS SCHOOL DISTRICT 7 2711 EAST WALNUT STREET PARIS, AR 72855	71-6020928	115	104,063.	0.			SCHOOL GRANT
PETERSBURG SCHOOL DISTRICT 201 CHARLES W ST PETERSBURG, AK 99833	92-6000110	115	56,081.	0.			SCHOOL GRANT
PORT ANGELES SCHOOL DISTRICT 905 W 9TH ST PORT ANGELES, WA 98363	91-6001549	115	65,123.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORT ARANSAS INDEPENDENT SCHOOL DISTRICT - 100 S STATION ST - PORT ARANSAS, TX 78373	74-6001880	115	25,067.	0.			SCHOOL GRANT
PORT TOWNSEND SCHOOL DISTRICT 50 1610 BLAINE ST PORT TOWNSEND, WA 98368	91-1061251	115	80,261.	0.			SCHOOL GRANT
PRESCOTT SCHOOL DISTRICT 402 - 37 PO BOX 65 PRESCOTT, WA 99348	91-1168785	115	73,427.	0.			SCHOOL GRANT
PULLMAN SCHOOL DISTRICT 267 240 SE DEXTER ST PULLMAN, WA 99163	91-6013617	115	10,061.	0.			SCHOOL GRANT
RAPPAHANNOCK COUNTY SCHOOL DISTRICT - 6 SCHOOL HOUSE RD - WASHINGTON, VA 22747	54-6001553	115	63,195.	0.			SCHOOL GRANT
REGIONAL SCHOOL UNIT 40 PO BOX 701 UNION, ME 04862	01-0274468	115	99,064.	0.			SCHOOL GRANT
RICHLAND - BEAN BLOSSOM COMMUNITY DISTRICT - 600 S EDGEWOOD DR - ELLETTSVILLE, IN 47429	35-1088650	115	97,555.	0.			SCHOOL GRANT
RIVER TRAILS SCHOOL DISTRICT 26 1900 E KENSINGTON RD MT PROSPECT, IL 60056	36-6003301	115	22,328.	0.			SCHOOL GRANT
RIVIERA INDEPENDENT SCHOOL DISTRICT - 203 SEAHAWK DR - RIVIERA, TX 78379	74-6001982	115	29,495.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSU 10 WESTERN FOOTHILLS 799 HANCOCK ST STE 1 RUMFORD, ME 04276	30-0530840	115	63,154.	0.			SCHOOL GRANT
RSU 14 228 WINDHAM CENTER ROAD WINDHAM, ME 04062	30-0542352	115	71,406.	0.			SCHOOL GRANT
RSU 2 7 REED ST HALLOWELL, ME 04347	26-4709540	115	31,696.	0.			SCHOOL GRANT
RSU 22/MSAD 22 24 MAIN RD N HAMPDEN, ME 04444	01-0265931	115	82,082.	0.			SCHOOL GRANT
RSU 80 25 CAMPUS DRIVE GUILFORD, ME 04443	01-6005624	115	36,882.	0.			SCHOOL GRANT
RSU 87/MSAD 23 44 PLYMOUTH RD CARMEL, ME 04419	01-0266527	115	6,230.	0.			SCHOOL GRANT
RSU 89 800 STATION RD STACYVILLE, ME 04777	82-4905616	115	70,799.	0.			SCHOOL GRANT
SACRED HEART SCHOOL 106 N SAINT JOSEPH ST MORRILTON, AR 72110	26-6822122	115	14,227.	0.			SCHOOL GRANT
SANDY VALLEY LOCAL SCHOOL DISTRICT 5362 STATE ROUTE 183 NE MAGNOLIA, OH 44643	34-6003356	115	6,199.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA ANNA INDEPENDENT SCHOOL DISTRICT - 701 BOWIE ST - SANTA ANNA, TX 76878	75-6002417	115	40,122.	0.			SCHOOL GRANT
SCHOOL DIST OF BELOIT TURNER 1237 INMAN PARKWAY BELOIT, WI 53511	39-1017275	115	64,592.	0.			SCHOOL GRANT
SCHOOL DISTRICT OF CAMBRIDGE 403 BLUE JAY WAY CAMBRIDGE, WI 53523	39-6001256	115	34,997.	0.			SCHOOL GRANT
SENECA AREA SCHOOL DISTRICT PO BOX 34 SENECA, WI 54654	39-1325608	115	20,851.	0.			SCHOOL GRANT
SHEEPSCOT VALLEY RSU 12 665 PATRICKTOWN ROAD SOMERVILLE, ME 04348	26-4345738	115	132,501.	0.			SCHOOL GRANT
SHIRLEY SCHOOL DISTRICT 199 SCHOOL DR SHIRLEY, AR 72153	71-0388334	115	20,811.	0.			SCHOOL GRANT
SINTON INDEPENDENT SCHOOL DISTRICT 322 SOUTH ARCHER SINTON, TX 78387	74-6002314	115	47,493.	0.			SCHOOL GRANT
SMITHFIELD SCHOOL DISTRICT 49 FARNUM PIKE SMITHFIELD, RI 02917	05-6000512	115	92,066.	0.			SCHOOL GRANT
SOLEDAD UNIFIED SCHOOL DISTRICT 1261 METZ RD SOLEDAD, CA 93960	77-0320729	115	52,440.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ADAMS SCHOOLS 1075 STARFIRE WAY BERNE, IN 46711	35-1085371	115	7,270.	0.			SCHOOL GRANT
SOUTHEAST LOCAL SCHOOL DISTRICT 8245 TALLMADGE RD RAVENNA, OH 44266	34-6003342	115	30,018.	0.			SCHOOL GRANT
SOUTHWESTERN JEFFERSON COUNTY CSSD 239 S MAIN CROSS ST HANOVER, IN 47243	35-6006827	115	10,002.	0.			SCHOOL GRANT
SPARTANBURG SCHOOL DISTRICT 4 118 MCEDCO RD. WOODRUFF, SC 29388	57-0752636	115	39,066.	0.			SCHOOL GRANT
SPENCER COUNTY SCHOOL DISTRICT 110 REASOR AVE TAYLORSVILLE, KY 40071	61-6001367	115	49,217.	0.			SCHOOL GRANT
SWAN VALLEY SCHOOL DISTRICT 8380 OHERN RD SAGINAW, MI 48609	38-1818100	115	11,604.	0.			SCHOOL GRANT
TAHLEQUAH PUBLIC SCHOOL DISTRICT I - 35 - 225 NORTH WATER AVENUE - TAHLEQUAH, OK 74464	73-6026802	115	71,227.	0.			SCHOOL GRANT
TERRELL COUNTY INDEPENDENT SCHOOL DISTRICT - 302 N. 2ND ST. - SANDERSON, TX 79848	75-6002575	115	62,095.	0.			SCHOOL GRANT
THORNTON FRACTIONAL HSD 215 18601 TORRENCE AVE LANSING, IL 60438	36-6004406	115	21,852.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENTON SPECIAL SCHOOL DISTRICT 201 W 10TH ST TRENTON, TN 38382	62-0949407	115	58,247.	0.			SCHOOL GRANT
TULIA INDEPENDENT SCHOOL DISTRICT 300 N. DALLAS TULIA, TX 79088	75-6002669	115	22,454.	0.			SCHOOL GRANT
UNION CITY AREA SCHOOL DISTRICT 107 CONCORD ST UNION CITY, PA 16438	25-6003242	115	6,503.	0.			SCHOOL GRANT
UNIVERSITY CHARTER SCHOOL PO BOX 1053 LIVINGSTON, AL 35470	82-1304767	115	12,659.	0.			SCHOOL GRANT
URBANDALE COMMUNITY SCHOOL DISTRICT - 11152 AURORA AVE - URBANDALE, IA 50322	42-6039212	115	48,695.	0.			SCHOOL GRANT
VALLEY CITY SCHOOL DISTRICT 2 460 CENTRAL AVENUE NORTH VALLY CITY, ND 58072	45-6000025	115	24,685.	0.			SCHOOL GRANT
VIENNA HIGH SCHOOL DISTRICT 13 - 3 601 N 1ST ST VIENNA, IL 62995	37-6003506	115	95,305.	0.			SCHOOL GRANT
WATERTOWN PUBLIC SCHOOLS 61 ECHO LAKE RD WATERTOWN, CT 06795	06-6002122	115	65,965.	0.			SCHOOL GRANT
WATERVILLE SCHOOL DISTRICT 209 PO BOX 490 WATERVILLE, WA 98858	91-1069804	115	65,889.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

Schedule I (Form 990)

ACTION FOR HEALTHY KIDS

47-0902020

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAXAHACHIE FAITH FAMILY ACADEMY 701 OVILLA RD WAXAHACHIE, TX 75167	75-2593210	115	97,380.	0.			SCHOOL GRANT
WAYNE TRACE LOCAL SCHOOL DISTRICT 4915 US ROUTE 127 HAVILAND, OH 45851	34-6401049	115	22,259.	0.			SCHOOL GRANT
WEAKLEY COUNTY SCHOOLS 8319 HWY 22, SUITE A DRESDEN, TN 38225	62-6008904	115	88,131.	0.			SCHOOL GRANT
WEST BRIDGEWATER SCHOOL DISTRICT 2 SPRING ST W BRIDGEWATER, MA 02379	61-1586303	115	8,367.	0.			SCHOOL GRANT
WHITE COUNTY SCHOOL DISTRICT 136 WARRIORS PATH CLEVELAND, GA 30528	58-6000346	115	211,761.	0.			SCHOOL GRANT
WILLMAR SCHOOL DISTRICT 347 611 5TH ST SW WILLMAR, MN 56201	41-6001746	115	16,438.	0.			SCHOOL GRANT
WINDHAM NORTHEAST SUPERVISORY UNION - 5111 US-5 - WESTMNSTR STA, VT 05159	03-0223665	115	81,815.	0.			SCHOOL GRANT
WOODBURY CITY PUBLIC SCHOOLS 25 N BROAD ST WOODBURY, NJ 08096	21-6000350	115	32,455.	0.			SCHOOL GRANT
WOODLAWN SCHOOL DISTRICT 6760 US-63 RISON, AR 71665	71-6021273	115	29,661.	0.			SCHOOL GRANT

Schedule I (Form 990)

Public Inspection Copy

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

[illegible]

Public Inspection Copy

Part III

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

(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 noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

Public Inspection Copy

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ACTION FOR HEALTHY KIDS

Employer identification number

47-0902020

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

Public Inspection Copy

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT BISCEGLIE CHIEF EXECUTIVE OFFICER	(i)	279,205.	0.	0.	8,636.	22,108.	309,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHELLIE PFOHL CHIEF GROWTH OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,243.	16,650.	0.	6,036.	22,930.	216,859.	0.
(3) RICH ROLECK CHIEF FINANCIAL OFFICER	(i)	164,875.	0.	0.	5,324.	16,724.	186,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LESLEY GRAHAM CHIEF PROGRAM OFFICER	(i)	155,070.	0.	0.	4,872.	18,575.	178,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BARBARA MECHURA USDA PROGRAM DIRECTOR	(i)	158,174.	0.	0.	4,732.	12,629.	175,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 5:
THE CHIEF GROWTH OFFICER EARNS A BONUS IF THE ORGANIZATION EXCEEDS THE
ANNUAL FUNDRAISING GOAL.

Public Inspection Copy

SCHEDULE O
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ACTION FOR HEALTHY KIDS

Employer identification number

47-0902020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARENTS, AND COMMUNITIES TO ACTIVATE SCHOOL-BASED PROGRAMS THAT ARE IN
SUPPORT OF CHILDREN'S PHYSICAL, SOCIAL AND EMOTIONAL, AND NUTRITIONAL
HEALTH. THROUGH TRAINING, FUNDING, WELLNESS PROGRAMS AND A SHARED
DETERMINATION TO SEE ALL CHILDREN LEAD HEALTHY LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDING, WELLNESS PROGRAMS AND A SHARED DETERMINATION TO SEE ALL
CHILDREN LEAD HEALTHY LIVES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ACTION FOR HEALTH KIDS IS STOPPING WORK ON THE ACTIVE SCHOOL PROGRAM
AND STARTED RISK BEHAVIOR PREVENTION PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

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

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

IL,KS,MA,NC,WI,AL,AR,CA,CT,FL,GA,HI,KY,MD,MI,MN,MS,NH,NJ,NM,NY,OR,PA,RI,SC
TN,UT,VA,WV

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 625,826.

MANAGEMENT AND GENERAL EXPENSES 2,699.

FUNDRAISING EXPENSES 100,699.

TOTAL EXPENSES 729,224.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 729,224.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

62

Public Inspection Copy

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ROCKY MOUNTAIN CENTER FOR HEALTH PROMOTION (1) & EDUCATION	Q	303,764.	FMV
ROCKY MOUNTAIN CENTER FOR HEALTH PROMOTION (2) & EDUCATION	M	326,948.	FMV
(3)			
(4)			
(5)			
(6)			

Public Inspection Copy

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

