		** PUBLIC DISCLOSURE COPY **				
For	m 9	90 Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)				OMB No. 1545-0047
		of the Treasury enue Service The organization may have to use a copy of this return to satisfy s	state re	eportina requirements		Open to Public Inspection
-			No. of Concession, Name	ov 30, 2013		inspection
-			Ig No	D Employer identifi	oati	on number
-	Check applica			D Employer identili	cau	on number
	Add	ge SERIOUSFUN CHILDREN'S NETWORK				
	Nam	ge Doing Business As		31-179	445	5
	Initia	Number and street (or P.0. box if mail is not delivered to street address) Room	/suite	E Telephone numbe	er	
	Ternated	228 SAUGATUCK AVENUE		203562		3
	Ame	of Unity, town, or post office, state, and ZIP code		G Gross receipts \$		11,762,111.
	Appl	WEDIFORI, CI 00000		H(a) Is this a group re	etur	n
	pend	F Name and address of principal officer: INGRID MILNE		for affiliates?		Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	clude	ed? Yes No
1	Tax-e	xempt status: 🗴 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			(see instructions)
J١	Nebs	ite: WWW.SERIOUSFUNNETWORK.ORG		H(c) Group exemptio		•
K	orm o	f organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 🛛 📘				ate of legal domicile: CT
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: INT'L ASSOC	IATI	ON OF CAMPS		
nc		SUPPORTING CHILDREN WITH LIFE-THREATENING DISEASES.				
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	sset	S.
	3	Number of voting members of the governing body (Part VI, line 1a)				35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	••••••			34
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5		30
viti	6	Total number of volunteers (estimate if necessary)		6		34
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		0.
-	b	Net unrelated business taxable income from Form 990-T, line 34		7b		0.
			Τ	Prior Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)		7,828,622.		8,905,623.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.		0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		334,827.		358,940.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		902,869.		781,505.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,066,318.		10,046,068.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,407,389.		9,088,898.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,692,676.		3,036,424.
Expense	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) > 2,816,839.				Contractor and the
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,192,841.		3,066,749.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,292,906.		15,192,071.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,226,588.		-5,146,003.
Net Assets or Fund Balances			Beg	inning of Current Year		End of Year
sets	20	Total assets (Part X, line 16)		18,672,009.		16,206,998.
t As	21	Total liabilities (Part X, line 26)		303,991.		3,283,111.
	22	Net assets or fund balances. Subtract line 21 from line 20		18,368,018.		12,923,887.
Pa	rt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			y kno	owledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which pre				

Sign Here	Signature of officer INGRID MILNE, CFO Type or print name and title	2. Mile		Date 7/1	4/14	
Paid	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature	Date	Check if self-employed	PTIN P01249785	
Preparer	Firm's name MCGLADREY LLP			Firm's EIN 🕨	12-0714325	
Use Only	Firm's address 👞 1861 INTERNATIONAL DRIVE	, SUITE 400				
	MCLEAN, VA 22102			Phone no. 703-	336-6400	
May the IRS discuss this return with the preparer shown above? (see instructions)						No
232001 12-1	32001 12-10-12 I HA For Paperwork Beduction Act Notice see the songrate instructions					

12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE 0 FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2012) SERIOUSFUN CHILDREN'S NETWORK	31-1794455 Page	2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	THE ORGANIZATION SUPPORTS AN INTERNATIONAL NETWORK OF CAMPS AND		
	PROGRAMS THAT PROVIDE LIVE CHANGING EXPERIENCES TO CHILDREN WITH		_
	SERIOUS MEDICAL CONDITIONS.		
			_
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes X No	o
	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		0
Ŭ	If "Yes," describe these changes on Schedule O.		0
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 10,103,233. including grants of \$ 8,889,738.) (Reve		$\overline{}$
ти	TO PROVIDE SERVICES TO 14 MEMBER CAMPS AND OTHER CAMPS IN FORMATION.		- '
	INITIATE PROGRAMS TO SHARE BEST PRACTICES BETWEEN CAMPS, INSURE QUALITY		—
	MEDICAL AND CAMP PROGRAMS, AND AWARD GRANTS TO MEMBER CAMPS.		-
			—
			—
			—
			_
			_
41	(Code:) (Expenses \$ 1,842,878. including grants of \$ 199,160.) (Reve		
4b	(Code:) (Expenses \$1,842,878. including grants of \$199,160.) (Reve GLOBAL PARTNERSHIP INITIATIVE SUPPORTS WORK WITH INTERNATIONAL AND	enue \$	-)
	LOCAL MEDICAL AND OPERATIONAL PARTNERS TO SERVE CHILDREN WITH SERIOUS		
	MEDICAL CONDITIONS IN PARTS OF THE WORLD WHERE THEY WOULD NOT OTHERWISE		
	HAVE THE OPPORTUNITY TO EXPERIENCE THE BENEFITS OF CAMP.		
4c	(Code:) (Expenses \$) (Revenue of \$)	nue \$	_)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 11,946,111.		_
		Form 990 (201	12)

Form 990 (2012) SERIOUSFUN CHILDRE
Part IV Checklist of Required Schedules SERIOUSFUN CHILDREN'S NETWORK Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	0		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	<u> </u>
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			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45	х	
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		^
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

GERTOUGEUN CHILDREN'S NEWWORK

	990 (2012) SERIOUSFUN CHILDREN S NETWORK 31-1794455		Pa	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	

35 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38 Х

Form 990 (2012)

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Form	990 (2012) SERIOUSFUN CHILDREN'S NETWORK	31-1794455		Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 22	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ()		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 30)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	х	
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
с	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 t	he 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 contribu	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	 	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	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:	L., I			
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a	┝──	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e ()	14b		

age	6

Form	990 (2012) SERIOUSFUN CHILDREN'S NETWORK	31-1794455		D	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be		"No" r	espor	age U ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	ctions.		0000	
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3 5			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	other			
	officer, director, trustee, or key employee?	r	2	Х	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct sup				
	of officers, directors, or trustees, or key employees to a management company or other person?	T T	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	r	4	Х	<u> </u>
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 of		-		
h	more members of the governing body?		7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body?		76		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo	wing:	7b		
8		-	8a	х	
a b		ſ	8b	x	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	f	00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo		-		
		- /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?]	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	r			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	r	11a	Х	
b	Describe in 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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	e			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77	
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable aptituduring the year?		160		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partici	r i i i i i i i i i i i i i i i i i i i	16a		<u> </u>
U U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	pation			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990 T (Section 5)	$\frac{1}{1(c)(3)s}$ only) a	vailah	مار	

10		an organization to make ito re		(0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,		inabio
	for public inspection. Ir	ndicate how you made these a	available. Check all that a	pply.		
	Own website	Another's website	X Upon request	Other (explain ir	n Schedule O)	

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

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	INGRID MILNE - 2035621203

228 SAUGATUCK AVENUE, WESTPORT, CT 06880

Form 990 (2012)	SERIOUSFUN CHILDREN'S NETWORK	31-1794455	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	hedule O contains a response to any question in this Part VII		
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated I	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.	
	anization's current officers, directors, trustees (whether individuals o	r organizations), regardless of amount of compen-	sation.

er -0- in columns (Ď), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ess pe	erson	is bo	th an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	direct	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	tcom				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DONALD J. GOGEL	1.00		-		Ť	1 0	<u> </u>			
CHAIRMAN		x		х				0.	٥.	0.
(2) MAURICE PRATT	1.00									
VICE CHAIRMAN		Х		х				0.	0.	0.
(3) JOHN M. FORESTER	1.00									
SECRETARY		x		х				0.	0.	Ο.
(4) PAGE ADLER	1.00									
TRUSTEE		х						0.	٥.	0.
(5) FRANCISCO ARANGO	1.00									
TRUSTEE		Х						0.	0.	0.
(6) NAOMI BAIGELL	1.00									
TRUSTEE		Х						0.	0.	0.
(7) LAURA CHONOLES	1.00									
TRUSTEE		Х						0.	0.	0.
(8) J. PATTERSON COOPER	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ROBERT H. FORRESTER	1.00									
TRUSTEE		X						0.	0.	0.
(10) GEORGIA WALL GOGEL	1.00									
TRUSTEE		Х						0.	0.	0.
(11) VICTOR HERSHAFT	1.00									
TRUSTEE		Х						0.	0.	0.
(12) DAVID W. HORVITZ	1.00									
TRUSTEE		Х						0.	0.	0.
(13) ERIC KARP	1.00									
TRUSTEE		Х						٥.	0.	٥.
(14) SOMESH KHANNA	1.00									
TRUSTEE		Х						0.	0.	0.
(15) PETER KULLOI	1.00									
TRUSTEE		х						0.	٥.	0.
(16) SARA LAHAT	1.00									
TRUSTEE		х						0.	٥.	0.
(17) RAY LAMONTAGNE	1.00	1								
TRUSTEE		Х						0.	0.	0.

Form 990 (2012) SERIOUSFUN CH	ILDREN'S N	ETW	ORK						31-1794	4455		Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than (one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an		compensatio	on	an	nount	of
	week		Cer ar		recio	n/trus	lee)	from	from related			other	
	(list any hours for	recto						the	organization			pensa	
	related	ordi	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th	
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			•	anizat d relat	
	below	dual t	tiona		nploy	st cor yee	1					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
(18) JOHN LEWIS	1.00												
TRUSTEE		x						0.		٥.			Ο.
(19) JOHN E. MARSHALL III	1.00												
TRUSTEE		х						0.		٥.			0.
(20) TATIANA NOURISSAT	1.00												
TRUSTEE		х						0.		0.			0.
(21) AUSTIN PETTY	1.00												
TRUSTEE		х						0.		٥.			0.
(22) SERENA PORCANI	1.00												
TRUSTEE		х						0.		٥.			0.
(23) JILL RAPPAPORT	1.00												
TRUSTEE		х						0.	. 0.				0.
(24) LIZ ROBBINS	1.00												
TRUSTEE		х						0.		٥.			0.
(25) TIM ROSE	1.00												
TRUSTEE		х						0.	0.				0.
(26) ROBERT J. RUKEYSER	1.00												
TRUSTEE		X				Ļ		0.	0.			0.	
1b Sub-total										0.			
c Total from continuation sheets to Part VI								1,082,910.		0.			
d Total (add lines 1b and 1c)								1,082,910.				105,	,034.
2 Total number of individuals (including but n	ot limited to tr	iose	liste	ed al	DOV	e) wr	10 r	received more than \$100	,000 of reportab	le			6
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tri	ista	o ka		nnlc		or	highest compensated a	mplovee on	1			
line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150									and organization		4	х	
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com	-				-						5		х
Section B. Independent Contractors						-							
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors f	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for										•			
(A)								(B)			(0	;)	
Name and business	address							Description of s	services	С	ompe	nsatio	n
COLANGELO SYNERGY MARKETING LLC													
120 TOKENEKE ROAD, DARIEN, CT 06820								DIGITAL MARKETING				564,	349.
INTERBRAND CORPORATION													
130 FIFTH AVENUE, NEW YORK, NY 10011								LOGO AND VISUAL SY	STEM DESIGN			279,	,500.
DIRECT PRINT COMMUNICATIONS, 201 EAST	1												
SANDPOINTE, SUITE 400, SANTA ANA, CA	92707							DIRECT MAIL CAMPAI	GNS			220,	,918.
WEST GLEN COMMUNICATIONS, INC., 1430													
BROADWAY, 9TH FLOOR, NEW YORK, NY 100								PSA DISTRIBUTION &	TRACKING			214,	,125.
COMMUNITY COUNSELING SERVICE CO, LLC,													
FIFTH AVENUE - 3RD FLOOR, NEW YORK, NY DEVELOP FUNDRAISING CAPACITY 199,000							000.						
2 Total number of independent contractors (in	ncluding but n	ot li	mite	d to	tho	se lis	sted	d above) who received n	nore than				

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	byee			ligh	est		ees (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours	(cl		Pos all 1		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WILLIAM SANGER	1.00								0	0
TRUSTEE	1.00	х						0.	0.	0
(28) HENRY SCHACHT	1.00	x						0.	0	0
TRUSTEE	1.00	x						υ.	0.	0
(29) RICHARD D. SEGAL TRUSTEE	1.00	x						0.	0.	0
(30) BETH STEVENS	1.00	^	-					U.	υ.	0
TRUSTEE	1.00	x						0.	0.	0
(31) RICHARD TWYDELL	1.00								<u>.</u>	0
TRUSTEE		x						0.	0.	0
(32) STRAUSS ZELNICK	1.00								- •	
TRUSTEE		x						0.	0.	0
(33) JOANNE WOODWARD	1.00									
LIFETIME DIRECTOR		x						0.	0.	0
(34) JOHN C. READ	40.00									
CEO		x		х				350,279.	0.	37,526
(35) INGRID MILNE	40.00									
CF0/TREASURER		x		х				120,384.	Ο.	12,634
(36) MICHAEL HAVARD	40.00									
CHIEF MKTG OFFICER					х			235,598.	0.	41,911
(37) STEVE NAGLER	40.00									
DIR. OF PROGRAM INNOVATION & EVALUAT					х			161,596.	0.	38,117
(38) PADRAIG BARRY	40.00									
DIRECTOR OF CAMP SUPPORT SERVICES						Х		100,941.	0.	18,983
(39) MICHAEL J. SMILES	40.00									
CHIEF DEVELOPMENT OFFICER						х		114,112.	0.	15,863
								1 000 010		165 001
Total to Part VII, Section A, line 1c								1,082,910.		165,034

Form 990 (20)12)
Part VIII	

Page **9**

Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	tains a response	to any question ir	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, C		Fundraising events		685,000.				
Gift lar		Related organizations						
imi,	e	e Government grants (contribut	tions) 1e					
rior S	f	All other contributions, gifts, gran	its, and					
ibu		similar amounts not included abo	ve 1f	8,220,623.				
ontr od O	g	Noncash contributions included in lines	s 1a-1f: \$	1,024.				
a C	h	Total. Add lines 1a-1f			8,905,623.			
				Business Code				
Program Service Revenue	2 a	۱						
erv	b							
n S /en	C							
graı Rev	c	l						
roć	e							
		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			226,796.			226,796.
	4	other similar amounts)			220,750.			220,750.
	4 5	Royalties		F				
	3	noyalles	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hear	(ii) i eisonai				
		Less: rental expenses						
		Rental income or (loss)						
		• • • • • • • • • • • • • • • • • • • •	·····					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,000,000.					
	b	Less: cost or other basis						
		and sales expenses	867,856.					
	c	Gain or (loss)	132,144.					
		I Net gain or (loss)		►	132,144.			132,144.
ē	8 a	Gross income from fundraisin						
Other Revenue		including \$ 685	, ⁰⁰⁰ . of					
Sev		contributions reported on line	e 1c). See					
er F		Part IV, line 18						
Oth		Less: direct expenses						
-		Net income or (loss) from fund	•	····· •	781,505.			781,505.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	0	Net income or (loss) from sale						
	11 a	Miscellaneous Revenu		Business Code				
	l i a b							
	0							
		All other revenue						
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			10,046,068.	0.	0.	1,140,445.

Page 10

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	5,590,923.	5,590,923.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	3,497,975.	3,497,975.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	721,948.	298,620.	181,266.	242,06
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	4 564 505	700 400	=======	
7	Other salaries and wages	1,761,595.	788,489.	72,902.	900,20
8	Pension plan accruals and contributions (include	115.056	60, 200	11 005	45 66
_	section 401(k) and 403(b) employer contributions)	117,256.	60,389.	11,207.	45,66
9	Other employee benefits	256,651.	118,662.	17,328.	120,66
10	Payroll taxes	178,974.	80,702.	15,836.	82,43
11	Fees for services (non-employees):				
	Management	CC 107	22 (20	C 011	26.22
	Legal	66,187.	23,639.	6,211.	36,33
	Accounting	47,649.	15,436.	29,297.	2,91
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
t	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 101 024	450 007	21 610	600 E0
	column (A) amount, list line 11g expenses on Sch 0.)	1,101,034.	458,827.	21,610.	620,59 179,38
12	Advertising and promotion	358,773. 464,819.	179,387.	20.022	279,38
13	Office expenses	404,019.	155,114.	30,033.	219,01
14	Information technology				
15	Royalties	263 468	120 /37	16 246	126,78
16		263,468. 564,825.	120,437. 439,958.	16,246. 14,342.	110,52
17	Travel	504,025.	439,930.	14, 542.	110,52
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	97 269	68 306	5 701	23 17
19	Conferences, conventions, and meetings	97,269.	68,306.	5,791.	23,17
20	Interest				
21	Payments to affiliates	46,903.	22,616.	2,812.	21,47
22	Depreciation, depletion, and amortization	54,972.	22,610.	3,390.	21,47 24,95
23 24	Insurance	54,312.	20,031.	5,550.	24,90
:4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	A UNCOLLECTIBLE PLEDGES	850.		850.	
b				•	
c					
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	15,192,071.	11,946,111.	429,121.	2,816,83
:5 26	Joint costs. Complete this line only if the organization	,,_,,,,,,	,,,		_,510,05
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

n 990 (S NETW	ORK		31-1794	4455 Pa
rt X	Balance Sheet					
	Check if Schedule O contains a response to any	/ quest	ion in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			53,569.	1	66
2	Savings and temporary cash investments			885,243.	2	662
3	Pledges and grants receivable, net			1,321,670.	3	162
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensation					
	Part II of Schedule L			5		
6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	tion 50 ⁻	1(c)(9) voluntary			
	employees' beneficiary organizations (see instr).		6			
7	Notes and loans receivable, net	500,000.	7	350		
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges	287,495.	9	221		
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D					
b	Less: accumulated depreciation	10b	154,882.	96,929.		153
11	Investments - publicly traded securities			15,527,103.	11	14,590
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			18,672,009.	16	16,206
17	Accounts payable and accrued expenses		····· _	303,991.	17	307
18	Grants payable				18	
19	Deferred revenue		·····		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	Other liabilities (including federal income tax, pa	yables	to related third			
	parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X of			
	Schedule D			0.	25	2,975

2,975,876. 26 Total liabilities. Add lines 17 through 25 303,991. 26 3,283,111. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 4,476,049. 27 1,983,502. 27 Unrestricted net assets 13,891,969. 10,940,385. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 18,368,018. 12,923,887. 33 33 16,206,998. 18,672,009. 34 34 Total liabilities and net assets/fund balances

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Form 990 (2012)

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66,977. 662,077. 162,880.

350,000.

221,226.

153,071. 14,590,767.

16,206,998. 307,235.

Form Pa

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2012) SERIOUSFUN CHILDREN'S NETWORK	31-1794455		Pa	ge 12					
	rt XI Reconciliation of Net Assets				4					
	Check if Schedule O contains a response to any question in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	,046	,068.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,192	,071.					
3	Revenue less expenses. Subtract line 2 from line 1	3	- 5	,146	,003.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	5		-298	,128.					
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 in Schedule O)									
10										
	column (B))									
Part XII Financial Statements and Reporting										
	Check if Schedule O contains a response to any question in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,	2c	х						
	review, or compilation of its financial statements and selection of an independent accountant?									
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000						

Form 990 (2012)

32021

232021 12-04-12

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. ► See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number SERIOUSFUN CHILDREN'S NETWORK 31-1794455 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated aL ρ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary

organization	above or IRC section	governing document? (i) o		organizat (i) of you	organization in col. (i) of your support?		ed in the ?	support
	(see instructions))	Yes	No	Yes	No	Yes	No	
Total								

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 15	45-004
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Open to Public Inspection

20	
Open to	Public

Schedule A (Form 990 or 990-EZ) 2012 SERIOUSFUN CHILDREN'S NETWORK

(Complete only if you checked fails to qualify under the tests	,	,	0	n failed to qualify ι	Inder Part III. If the	e organization
Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 	2,301,265.	3,264,774.	2,303,025.	7,828,622.	8,905,623.	24,603,309.
2 Tax revenues levied for the organ- ization'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	2,301,265.	3,264,774.	2,303,025.	7,828,622.	8,905,623.	24,603,309.

4	Total. Add lines 1 through 3	2,301,265.	3,264,774.	2,303,025.	7,828,622.	8,905,6
5	The portion of total contributions					
	by each person (other than a					
	governmental unit or publicly					
	supported organization) included					
	on line 1 that exceeds 2% of the					
	amount shown on line 11,					
	column (f)					
6	Public support. Subtract line 5 from line 4.					

Section B Total Suppor

Part II

Se	cuon B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,301,265.	3,264,774.	2,303,025.	7,828,622.	8,905,623.	24,603,309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,276.	814.	258,970.	334,827.	226,796.	822,683.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	6,000.	6,001.	1,424.			13,425.
11	Total support. Add lines 7 through 10						25,439,417.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	3,883,729.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	bhere			-		
Se	ction C. Computation of Publ						
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	47.51 %
	Public support percentage from 2011					15	65.45 %
	1 33 1/3% support test - 2012. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
k	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
		•	•				

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

15

Schedule A (Form 990 or 990-EZ) 2012

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

31-1794455

Page 2

12,517,533. 12,085,776.

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	· · · · · · · · · · · · · · · · · · ·						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		1				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	г						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(-) 0000	(1-) 0000	(-) 0010	(-1) 0011	(-) 0010	(6) T_++-1
	· · · · · · · · · ·	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
108	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	-					
Sec	ction C. Computation of Publi						
15	Public support percentage for 2012 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Parl	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	5		1.2	. ,			<i>F</i>

Schedule of Contributors

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

Employer identification number

Name	of the	organization
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SE	RIOUSFUN CHILDREN'S NETWORK	31-1794455
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule B

(Form 990, 990-EZ.

OMB No. 1545-0047

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

Page 2

Employer identification number

31-1794455

SERIOUSFUN CHILDREN'S NETWORK

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll Noncash 5,767,500. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 2 Person Payroll Noncash 830,879. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 3 Х Person Payroll Noncash 300,000. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll Noncash 284,603. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 5 Х Person Payroll Noncash 211,000. \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.)

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

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

Page 3

Employer identification number

31-1794455

SERIOUSFUN CHILDREN'S NETWORK

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

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	*	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	^{\$}	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	,,	1
	(b) Description of noncash property given	Description of noncash property given (see instructions) (b) \$

Name of org	anization		Employer identification number				
SERIOUSFU	JN CHILDREN'S NETWORK		31-1794455				
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	vidual contributions to section 501(c)(the following line entry. For organizations c., contributions of \$1,000 or less for the nal space is needed.	(), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter le year. (Enter this information once.) \$\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Γ	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
ľ							
		[

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047	
2012	
Open to Public Inspection	

Nam	e of the organization		Employer identification number
	SERIOUSFUN CHILDREN'S NETWO		31-1794455
Par			r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		ľ m m
Par		reprization answered "Ves" to Form 000. Dot	
		•	iv, me /.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or Protection of natural habitat	Preservation of a certified	ically important land area
	Preservation of open space	Preservation of a certified	a historic structure
2	Complete lines 2a through 2d if the organization held a qual	ified concentration contribution in the form of	a conconvotion accoment on the last
2	day of the tax year.		a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ►		5
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve 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	tion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
_	conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		N A
-			
2	If the organization received or held works of art, historical tro	-	ain, provide
	the following amounts required to be reported under SFAS		
a L	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12 Schedule D (Form 990) 2012

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 9 Using the organization accussion, and other records, check any of the following that are a significant use of its collection items a Public exhibition d Loan or exchange programs b Scholarly research d Other c Provide accipitor of thure generations d Control c Provide accipitor of thure generations collectors and explain how they further the organization sesempt purpose in Part XIII. 5 Using the ovariation's collectors and explain how they further the organization sestempt array of the following that are a significant use of its collectors? C Provide accipitor than to be maintained as part of the organization collectors? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization collectors? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount to c Beginning balance It It Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b Check organization includes an amount on Form 990, Part X, line 21. Yes No Yes			CHILDREN'S NETW						1-17944			age 2
e clock at that apply: e Construction c Construction b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	er Simila	r Asse	ts (contii	nued)	
a Public exhibition d Loan or exchange programs b Scholary research e Other	3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a si	gnificant u	se of its	collectio	n item	S
b Scholary research e Other		(check all that apply):										
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 answered "Yes" to Form 990, Part IV, line 9, or Teart IVI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or Tal is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included a lis the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included o Form 900, Part X? b If 'Yes, "explain the arrangement in Part XIII and complete the following table: C Additions during the year 1 1 Bedgrinning balance 2 Additions during the year 1 1 Bedgrinning of year balance 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 21? 2 No Derive year and the arrangement in Part XII. Check here if the explanation has been provided in Part XIII 1 1 2 Did the organization include an amount on Form 990, Part X, line 21? 2 10 11 2 11 <	а	Public exhibition	d	ı []	Loan or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's scenet purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X/, line 1. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is difficult to the year Is difficult to explain the arrangement in Part XIII and complete the following table: Is deginning balance Is difficult to explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII If Yes in No If 'Yes,''explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII If a Beginning of year balance Is difficult to explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII If a Beginning of year balance Is do Contributions In the organization and the explanation answered 'Yes' to Form 990, Part X, line 10. If 'Yes' to facilities and programs Is do for analy a set of the intermediate (line 1g, column (a)) held as: Board designated or quanizations If Administrative expenses Is do if year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated organizations Is do inthe programizations listed as required on Schedule R? Descripti	b	Scholarly research	e		Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asets to be odd to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X is the organization angent. In Part XII and complete the following table: Beginning balance Beginning of year balanc	с	-										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization in agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It	4								se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete The Complete The Following table: Image: Complete The Following table: Image: Complete The Following table: Image: Complete The Com	5									-		7
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Schedule D (Form 990) 2012

Schedule D (Form 990	2012
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11) Financial derivatives:		restments - Other Securities. See				
(2) Other	(a) Description of	f security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
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(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Image: Column (b) must equal Form 990, Part X, line 25. Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) PAYABLES TO CAMPS 2,975,876. (3) (a) (4) (b) Example (C) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) (11) (c)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 2,975,876. (2) PAYABLES TO CAMPS 2,975,876. (3) 1 (4) 1 (5) 1 (6) 1 (7) 1 (8) 1 (9) 1 (10) 1 (11) 1						
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 2,975,876. (2) PAYABLES TO CAMPS 2,975,876. (3) 2,975,876. (4) 1 (5) 1 (6) 1 (7) 1 (8) 1 (9) 1 (10) 1 (11) 1		b) must equal Form 990. Part X. col. (B) line	15.)			
1. (a) Description of liability (b) Book value (1) Federal income taxes 2,975,876. (2) PAYABLES TO CAMPS 2,975,876. (3) 2,975,876. (4)						
(1) Federal income taxes (2) PAYABLES TO CAMPS (3) (4) (5) (6) (7) (8) (9) (10) (11)				(b) Book value		
(2) PAYABLES TO CAMPS 2,975,876. (3) (4) (4) (10) (10) (11)						
(3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (10) (11)				2,975,876.		
(4) (4) (5) (4) (6) (4) (7) (4) (8) (4) (9) (4) (10) (4) (11) (4)				· · ·		
(5) (6) (7) (7) (8) (10) (10) (11)						
(6) (7) (7) (8) (8) (9) (10) (11)						
(7) (10) (11) (11)						
(8) (9) (10) (11)						
(9) (10) (11) (11)						
(10) (11)						
(11)						
		b) must equal Form 990. Part X. col. (B) line	25.)	2,975,876.		

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule [O (Form 990) 2012 SERIOUSFUN CHILDREN'S NETWORK			31-1794455	Page 4
Pa	t XI	Reconciliation of Revenue per Audited Financial State	ements With	n Revenue per R	eturn	
1	Tota	revenue, gains, and other support per audited financial statements			1	20,835,767.
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	Inrealized gains on investments	2a	-298,128.		
b		ated services and use of facilities		11,083,730.		
с		overies of prior year grants				
d		r (Describe in Part XIII.)		4,097.	1	
е		lines 2a through 2d			2e	10,789,699.
3	Subt	ract line 2e from line 1			3	10,046,068.
4		unts included on Form 990, Part VIII, line 12, but not on line 1 :				
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)				
с		lines 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,046,068.
		Reconciliation of Expenses per Audited Financial Stat			Return	· ·
1		expenses and losses per audited financial statements			1	26,275,801.
2		unts included on line 1 but not on Form 990, Part IX, line 25:				
а		ated services and use of facilities	2a	11,083,730.		
b		year adjustments				
с		r losses				
d		r (Describe in Part XIII.)				
		lines 2a through 2d			2e	11,083,730.
3		ract line 2e from line 1			3	15,192,071.
4		unts included on Form 990, Part IX, line 25, but not on line 1 :				<u> </u>
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)				
		lines 4a and 4b			4c	0.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,192,071.
		Supplemental Information				
		his part to provide the descriptions required for Part II, lines 3, 5, and 9; P	art III. lines 1a a	and 4: Part IV. lines 1	b and 2b: Part	V. line 4: Part
	•	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa				, ,
		LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATIO	-	,		
	-					
UNDE	ER TH	E NONSTOCK CORPORATION ACT OF THE STATE OF CONNECTICUT .	AND IS			
EXEN	IPT F	ROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL I	REVENUE			
CODE	E (TH	E "CODE"). CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DE	DUCTIBLE			
WITH	IIN T	HE LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION	HAS BEEN			
CLAS	SSIFI	ED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION .	AND HAS			
BEEN	DES	IGNATED AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER TH	E			
APPI	ICAB	LE SECTIONS OF THE CODE. INCOME WHICH IS NOT RELATED TO	EXEMPT			
					Schedule D (F	orm 990) 2012

Part XIII Supplemental Information (continued)

PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE

CORPORATE INCOME STATEMENTS. THE ORGANIZATION HAD NO UNRELATED BUSINESS

INCOME FOR THE YEARS ENDED NOVEMBER 30, 2013 AND 2012.

THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX

POSITION ONLY IF IT IS MORE-LIKELY-THANNOT THAT THE TAX POSITION WILL BE

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL

STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT

THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

SETTLEMENT. BASED ON THE ORGANIZATION'S EVALUATION OF ITS TAX POSITIONS AT

NOVEMBER 30, 2013 AND 2012, THE ORGANIZATION HAD NO LIABILITIES FOR

UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

STICHTING SERIOUSFUN CHILDREN'S NETWORK EUROPE REVENUE

INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS

4,097.

(*,			Part IV, line 14b, 15, or 16.			
Department of the Treasury Internal Revenue Service			Form 990. See separate instruction	ns.		Open to Public Inspection
Name of the organization					Employer ide	ntification number
SERIOUSFUN CHILDREN'S					31-1794455	
		Activities Ou	tside the United States. Comple	te if the orgar	nization answere	d "Yes"
to Form 990, Pa						
•	•		ds to substantiate the amount of its gra		· -	\mathbf{v}
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	grants or ass	Istance? L	X Yes No
0 For grantmakers Dog	ariba in Dart V th	organization's	procedures for monitoring the use of its	aranta and a	ther excitation	autaida tha
2 For grantmakers. Des United States.		e organization s	procedures for monitoring the use of its	s grants and o	liter assistance	
	The following Pad	t L line 3 table c	an be duplicated if additional space is r	(hohoo		
(a) Region	(b) Number of				vity listed in (d)	(f) Total
(d) negion	offices	èmployees,	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	agents, and independent	services, investments, grants to	-	e specific type	for and
		contractors in region	recipients located in the region)	of servi	ce(s) in region	investments in region
		Integion				
CENTRAL AMERICA AND			GRANTS TO PARTNER			
THE CARIBBEAN	0	0	ORGANIZATIONS			23,204.
			GRANTS TO PARTNER			
			ORGANIZATIONS AND GRAN			
EAST ASIA AND THE			AND PASS THROUGH DONAT			
PACIFIC	0	0	FOR PROVISIONAL NETWOR			156,830.
EUROPE (INCLUDING			GRANTS AND PASS THROUG			
ICELAND & GREENLAND)	0	1	DONATIONS FOR NETWORK			2,284,445.
MIDDLE EAST AND			GRANTS AND PASS THROUG			
NORTH AFRICA	0	0	DONATIONS FOR NETWORK			853,983.
			GRANTS TO PARTNER			
SOUTH AMERICA	0	0	ORGANIZATIONS			44,057.
		<u> </u>				11,037.
			GRANTS TO PARTNER			
SOUTH ASIA	0	0	ORGANIZATIONS			41,449.
						,
			GRANTS TO PARTNER			
SUB-SAHARAN AFRICA	0	0	ORGANIZATIONS			94,007.
3 a Sub-total	0	1				3,497,975.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,

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

Schedule F (Form 990) 2012

OMB No. 1545-0047

2

SCHEDULE F

(Form 990)

Schedule F (Form 990) 2012

SERIOUSFUN CHILDREN'S NETWORK

31-1794455

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			PSYCHOSOCIAL					
			PROGRAMMING IN A					
		CENTRAL AMERICA	RESIDENTIAL CAMP					
		AND THE CARIBBEAN	FACILITY AND IN	23,204.	WIRE TRANSFER	Ο.		
			PSYCHOSOCIAL					
			PROGRAMMING IN A					
		EAST ASIA AND THE	RESIDENTIAL CAMP					
		PACIFIC	FACILITY AND IN	156,830.	WIRE TRANSFER	Ο.		
			GRANTS TO PROMOTE					
		EUROPE (INCLUDING	CAMP SUSTAINABILITY.					
		ICELAND &	CAMPS PROVIDE					
		GREENLAND)	PSYCHOSOCIAL	2,284,445.	WIRE TRANSFER	0.		
			GRANTS TO PROMOTE					
			CAMP SUSTAINABILITY.					
		MIDDLE EAST AND	CAMPS PROVIDE					
		NORTH AFRICA	PSYCHOSOCIAL	853,983.	WIRE TRANSFER	0.		
			GRANTS TO PROMOTE	, -				
			CAMP SUSTAINABILITY.					
			CAMPS PROVIDE					
		SOUTH AMERICA	PSYCHOSOCIAL	44,057.	WIRE TRANSFER	0.		
			GRANTS TO PROMOTE					
			CAMP SUSTAINABILITY.					
			CAMPS PROVIDE					
		SOUTH ASIA	PSYCHOSOCIAL	41 449.	WIRE TRANSFER	0.		
			GRANTS TO PROMOTE	,				
			CAMP SUSTAINABILITY.					
		SUB-SAHARAN	CAMPS PROVIDE					
		AFRICA	PSYCHOSOCIAL	94 007	WIRE TRANSFER	0.		
				51,007.				
2 Enter total number of	I recipient organizatio	I ne listed above that are	I recognized as charities by the	foreign country	recognized as tax a	vempt by		
			n 501(c)(3) equivalency letter		-			-
	other organizations							

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SERIOUSFUN CHILDREN'S NETWORK

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2012

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							ulo E (Earm 990) 2012

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31-1794455	
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Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report.</i> (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION MONITORS THE ACTIVITIES OF

NETWORK CAMPS AND PROGRAMS BY MAKING SITE VISITS AND CONDUCTING

CONFERENCE CALLS ON A REGULAR BASIS THROUGHOUT THE YEAR.

PART II, COLUMN (D):

Part V

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP

FACILITY AND IN HOSPITALS FOR CHILDREN SUFFERING FROM HIV AND CANCER.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP

FACILITY AND IN HOSPITALS FOR CHILDREN SUFFERING FROM HIV AND CANCER.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROVIDE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY. TEEN

CLUBS FOR CHILDREN SUFFERING FROM HIV AND OTHER SERIOUS ILLNESS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROVIDE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY. TEEN

CLUBS FOR CHILDREN SUFFERING FROM HIV AND OTHER SERIOUS ILLNESS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROVIDE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY. TEEN

CLUBS FOR CHILDREN SUFFERING FROM HIV AND OTHER SERIOUS ILLNESS.

Page 5

Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: SOUTH ASIA

Part V

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROVIDE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY. TEEN

CLUBS FOR CHILDREN SUFFERING FROM HIV AND OTHER SERIOUS ILLNESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROVIDE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY. TEEN

CLUBS FOR CHILDREN SUFFERING FROM HIV AND OTHER SERIOUS ILLNESS.

Page 5

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2012
Open To Public Inspection

Employer identification number

21 1704455

Name of the organization

SERIOUSFUN	CHILDREN'S	NETWORK

SERIOUSFON	CHILDREN S NETWORK				51-1/94455	
Fundraising Activities required to complete this part	• Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special por oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	ion of ion of fundra (inclue rofess	non-go govern aising o ding of ional f	overnment grants nment grants events fficers, directors, tru: undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	•					

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 SERIOUSFUN CHILDREN'S NETWORK

Page 2

Га	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
е			(a) Event #1	(b) Event #2 LONDON GALA DECEMBER 2014 (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,986,942.	325,250.	2,500.	2,314,692.
_	2	Less: Contributions	685,000.			685,000.
	3	Gross income (line 1 minus line 2)	1,301,942.	325,250.	2,500.	1,629,692.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	13,358.	62,349.		75,707.
irect E	7	Food and beverages	86,327.	74,607.		160,934.
	8	Entertainment	121,900.	95,053.		216,953.
	9	Other direct expenses			6,558.	
	10	Direct expense summary. Add lines 4 through			>	(848,187)
	11	Net income summary. Combine line 3, colum	n (d), and line 10			781,505.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				i
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sch	Nedule G (Form 990 or 990-EZ) 2012 SERIOUSFUN CHILDREN'S NETWORK 31-179	4455		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
40				
	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
	c If "Yes," enter name and address of the third party:			
	in res, entername and address of the third party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
			Yes	No
	retain the state gaming license?	. — – –	103	
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	i (see i	nstruc	ctions).

SCHEDULE I								I	OMB No. 15	545-0047
(Form 990)				d Other Assistance ts, and Individuals	-				20 ⁻	12
Department of the Treasury Internal Revenue Service		Comp	lete if the organizatio	on answered "Yes" Attach to For	-	rt IV, line 21 or 22.			Open to Inspec	
Name of the organizat			0.D.W					Employer		
Part I General Ir	SERIOUSFUN CH		JRK						31-17944	55
	zation maintain records		a amount of the grant	or oppintance, the	arantaas' aligibilit	by for the grapte or ag	vistance, and the color	otion		
									X Yes	
2 Describe in Part	award the grants or assist IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.					
	d Other Assistance to		<u>v</u> <u>v</u>			anization answered "	es" to Form 990, Par	t IV, line 21,	for any	
	hat received more than		•				,		,	
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		Purpose of g or assistance	
CAMP KOREY 28901 NE CARNATIC CARNATION, WA 980		20-3829742	501(C)(3)	689,058.	0.			OPERATIN	G AND CAP	ITAL
CAMP BOGGY CREEK 30500 BRANTLEY BF EUSTIS, FL 32736	RANCH ROAD	59-3012889	501(C)(3)	770,682.	0.			OPERATIN	G AND CAP	ITAL
HOLE IN THE WALL 555 LONG WHARF DF NEW HAVEN, CT 065	RIVE	06-1157655	501(C)(3)	296,779.	0.			OPERATIN	G AND CAP	ITAL
FLYING HORSE FARM 3 EASTON OVAL, SU COLUMBUS, OH 4321	JITE 330	20-3498125	501(C)(3)	582,350.	0.			OPERATIN	G AND CAP	ITAL
DOUBLE H RANCH 97 HIDDEN VALLEY LAKE LUZERNE, NY		14-1752888	501(C)(3)	799,382.	0.			OPERATIN	G AND CAP	ITAL
ROUNDUP RIVER RAN PO BOX 8589 AVON, CO 81620			501(C)(3)	619,733.	0.			OPERATIN NEEDS.	G AND CAP	
	per of section 501(c)(3) a	•	•	ne line 1 table				📘		10. 0.
3 Enter total numb	per of other organization	s listed in the line						🚩		۰.

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

Schedule I (Form 990) (2012)

SERIOUSFUN CHILDREN'S NETWORK
 Schedule I (Form 990)
 SERIOUSFUN CHILDREN'S NETWORK

 Part II
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IORTH STAR REACH							
300 NORTH INGALLS STREET, RM NI4CO							OPERATING AND CAPITAL
ANN ARBOR, MI 48109	26-0347065	501(C)(3)	227,246.	0.			NEEDS.
,			,				
THE PAINTED TURTLE							
17000 ELIZABETH LAKE ROAD							OPERATING AND CAPITAL
LAKE HUGHES, CA 93532	95-4612481	501(C)(3)	891,900.	0.			NEEDS.
		T					
ICTORY JUNCTION							
1500 ADAM'S WAY							OPERATING AND CAPITAL
ANDLEMAN, NC 27317	56-2215292	501(C)(3)	651,142.	0.			NEEDS.
AMERICAN FRIENDS OF JORDAN RIVER							
/ILLAGE - 600 COLUMBUS AVE - NEW							OPERATING AND CAPITAL
YORK, NY 10024	36-4558884	501(C)(3)	62,651.	0.			NEEDS.

Schedule I (Form 990)

Schedule I (Form 990) (2012)

SERIOUSFUN CHILDREN'S NETWORK

31-1794455

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

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

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS THE ACTIVITIES OF THE

CAMPS AND PROGRAMS BY MAKING SITE VISITS AND CONDUCTING CONFERENCE CALLS ON

A REGULAR BASIS THROUGHOUT THE YEAR.

SCHEDULE J	ation Information	OMB No. 15	545-0047	
(=	s, Trustees, Key Employees, and Highest	20	12	
	nsated Employees ation answered "Yes" to Form 990,	20 ⁻		
	art IV, line 23.	Open to		;
Internal Revenue Service Attach to Form 990	. See separate instructions.	Inspec		
Name of the organization		Employer identificatio	on num	ber
SERIOUSFUN CHILDREN'S NETWOR	K	31-1794455		
Part I Questions Regarding Compensation		T		
			Yes I	No
1a Check the appropriate box(es) if the organization provided any o	6	990,		
Part VII, Section A, line 1a. Complete Part III to provide any relev				
First-class or charter travel	Housing allowance or residence for perso			
Travel for companions	Payments for business use of personal re			
Tax indemnification and gross-up payments	Health or social club dues or initiation fee			
Discretionary spending account	Personal services (e.g., maid, chauffeur, c	uner)		
b If any of the bayes on line 1e are checked, did the organization f	allow a writtan policy regarding povment or			
b If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described abo		1b		
 2 Did the organization require substantiation prior to reimbursing o 				
trustees, and the CEO/Executive Director, regarding the items ch				
trastees, and the OLO/Executive Director, regarding the items of				
3 Indicate which, if any, of the following the filing organization used	to establish the compensation of the organize	ation's		
CEO/Executive Director. Check all that apply. Do not check any l				
establish compensation of the CEO/Executive Director, but expla	, ,			
X Compensation committee	Written employment contract			
Independent compensation consultant	X Compensation survey or study			
X Form 990 of other organizations	X Approval by the board or compensation of	committee		
	· + - · · · · · · · · · · · · · · · · ·			
4 During the year, did any person listed in Form 990, Part VII, Sect	ion A, line 1a, with respect to the filing			
organization or a related organization:				
a Receive a severance payment or change-of-control payment?		4a		X
b Participate in, or receive payment from, a supplemental nonquali				X
c Participate in, or receive payment from, an equity-based compen	sation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the app	licable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must comp				
5 For persons listed in Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensatio	n I		
contingent on the revenues of:		-		v
a The organization?				x x
b Any related organization?				<u>~</u>
If "Yes" to line 5a or 5b, describe in Part III.				
6 For persons listed in Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensatio	on l		
contingent on the net earnings of:		6a		х
a The organization?				x
 b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 				
7 For persons listed in Form 990, Part VII, Section A, line 1a, did th	e organization provide any non-fixed payments	s .		
not described in lines 5 and 6? If "Yes," describe in Part III				х
 8 Were any amounts reported in Form 990, Part VII, paid or accrue 				
initial contract exception described in Regulations section 53.49				х
9 If "Yes" to line 8, did the organization also follow the rebuttable p				
		9		
LHA For Paperwork Reduction Act Notice, see the Instructions for		Schedule J (Form	n 990) 2	2012

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	in prior Form 990
(1) JOHN C. READ	(i)	344,879.	0.	5,400.	15,750.	21,776.	387,805.	0.
CEO	(ii)	0.	0.	0.	٥.	0.	0.	0.
(2) MICHAEL HAVARD	(i)	235,598.	0.	0.	11,487.	30,424.	277,509.	0.
CHIEF MKTG OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE NAGLER	(i)	161,596.	0.	0.	14,998.	23,119.	199,713.	0.
DIR. OF PROGRAM INNOVATION & EVALUAT	(ii)	0.	0.	0.	0.	٥.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J	(Form	aan)	2012
Schedule J I		9901	2012

Page 3

Part III Supplemental Information

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

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (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. Open to Public Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number SERIOUSFUN CHILDREN'S NETWORK 31-1794455 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION SUPPORTS AN INTERNATIONAL NETWORK OF CAMPS AND PROGRAMS THAT PROVIDE LIVE CHANGING EXPERIENCES TO CHILDREN WITH SERIOUS MEDICAL CONDITIONS. FORM 990, PART VI, SECTION A, LINE 2: THE BOARD CHAIRMAN, DON GOGEL IS MARRIED TO BOARD TRUSTEE, GEORGIA WALL GOGEL. FORM 990, PART VI, SECTION A, LINE 4: THE FOLLOWING BYLAW SECTIONS WERE AMENDED. SECTION 2.3 ELECTION OF DIRECTORS

A. AT LARGE DIRECTORS. THERE WILL BE THREE CLASSES OF AT LARGE DIRECTORS

WITH APPROXIMATELY THE SAME NUMBER OF DIRECTORS IN EACH CLASS. THE AT

LARGE DIRECTORS IN EACH CLASS MAY BE ELECTED FOR TWO (2), THREE (3) YEAR

TERMS. AT LARGE DIRECTORS SHALL ADHERE TO THE CRITERIA FOR AT LARGE

DIRECTORS AS MAY BE PROPOSED FROM TIME TO TIME BY THE NOMINATING AND

GOVERNANCE COMMITTEE AND ADOPTED BY THE SFCN BOARD. AT LARGE DIRECTORS MAY

NOT SERVE IN A VOTING CAPACITY ON THE GOVERNING BODY OR ANY COMMITTEE OF A

MEMBER CAMP. AT LARGE DIRECTORS MAY SERVE IN AN ADVISORY (NON-VOTING)

CAPACITY TO A BOARD COMMITTEE OF A MEMBER CAMP PROVIDED SUCH SERVICE DOES

NOT CAUSE THE DIRECTOR TO HAVE A CONFLICT WITH HIS OR HER OBLIGATION OF

DUTY, LOYALTY, AND CARE TO SFCN. AT LARGE DIRECTORS MAY NOT HAVE AN

EMPLOYMENT RELATIONSHIP WITH SFCN.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
SERIOUSFUN CHILDREN'S NETWORK	31-1794455
B. CAMP NOMINATED DIRECTORS. SEVEN (7) CAMP NOMINATED DIRECTORS SHALL BE	
SELECTED AND RECOMMENDED TO THE NOMINATING AND GOVERNANCE COMMITTEE BY THE	
CHAIRPERSON'S COUNCIL. NOMINEES SHALL BE MEMBERS OF A MEMBER CAMP'S	
FIDUCIARY BOARD AND RECOMMENDED TO THE CHAIRPERSON'S COUNCIL BY THE	
CHAIRMAN OF THE NOMINEE'S CAMP. THE SEVEN CAMP NOMINATED DIRECTORS SHALL	
BE SELECTED IN THREE CLASSES FOR THREE YEAR TERMS BASED ON CRITERIA TO BE	
MUTUALLY ESTABLISHED BY THE NOMINATING AND GOVERNANCE COMMITTEE AND THE	
CHAIRPERSON'S COUNCIL. CAMP NOMINATED DIRECTORS MAY BE APPOINTED BY THE	
SFCN CHAIRMAN TO SERVE ON BOARD COMMITTEES.	
SECTION 2.5 VACANCIES. IN CASE OF ANY VACANCY ON THE BOARD OF DIRECTORS,	
THE BOARD MAY, BY A VOTE OF THE BOARD OF DIRECTORS, APPOINT A SUCCESSOR	
DIRECTOR TO SERVE FOR THE UNEXPIRED TERM OF SUCH VACANCY, PROVIDED HOWEVER	
THAT IF THE VACANT DIRECTORSHIP IS OF A CAMP NOMINATED DIRECTOR, THEN THE	
DIRECTOR ELECTED TO FILL SUCH VACANCY SHALL BE SELECTED IN THE MANNER	
DESCRIBED IN SECTION 2.3B ABOVE, WITH PREFERENCE BEING GIVEN TO A QUALIFIED	
DIRECTOR FROM THE SAME CAMP.	
SECTION 2.7 REGULAR AND SPECIAL MEETINGS. REGULAR MEETINGS OF THE BOARD OF	
DIRECTORS SHALL BE HELD THREE (3) TIMES EACH YEAR OR AT SUCH TIMES AND	
PLACES, WITHIN OR OUTSIDE OF THE UNITED STATES, AS THE BOARD OF DIRECTORS	
SHALL FROM TIME TO TIME DETERMINE. SPECIAL MEETINGS OF THE BOARD OF	
DIRECTORS MAY BE CALLED AT ANY TIME BY THE CHAIRMAN AND SHALL BE CALLED BY	
HIM WITHIN SEVEN (7) DAYS AFTER RECEIPT OF A WRITTEN REQUEST BY ANY THREE	
(3) DIRECTORS. SPECIAL MEETINGS CALLED BY THE CHAIRMAN SHALL BE HELD NO	
MORE THAN THIRTY (30) DAYS AFTER ISSUANCE OF THE NOTICE OF ANY SUCH	
MEETING. MEETINGS OF THE BOARD OF DIRECTORS MAY BE HELD AT SUCH PLACES AS	
THE BOARD SHALL DETERMINE, AND THE LOCATION AND TIME OF SUCH MEETING SHALL	
232212 Col	adula (Earm 990 ar 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
SERIOUSFUN CHILDREN'S NETWORK	31-1794455
BE STATED IN EACH NOTICE OF SUCH MEETING. NOT LESS THAN FIFTEEN (15) DAYS	
NOTICE BY MAIL, TELEPHONE, FAX OR E-MAIL SHALL BE GIVEN OF EACH REGULAR	
MEETING OF THE BOARD OF DIRECTORS AND SHALL BE ACCOMPANIED BY A PROPOSED	
AGENDA FOR SUCH MEETING. EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS,	
NOT LESS THAN TEN (10) DAYS NOTICE BY MAIL, TELEPHONE, FAX OR E-MAIL SHALL	
BE GIVEN OF EACH SPECIAL MEETING OF THE BOARD OF DIRECTORS. ALL NOTICES	
SHALL STATE THE PURPOSE OF SUCH MEETING THE BUSINESS TO BE TRANSACTED AND	
BY WHOM CALLED.	
SECTION 2.8 VOTE REQUIRED FOR ACTION. A MAJORITY OF THE BOARD OF DIRECTORS	
THEN SERVING SHALL CONSTITUTE A QUORUM AT ALL MEETINGS OF THE BOARD. THE	
ACT OF THE MAJORITY OF THE DIRECTORS PRESENT AT THE MEETING AT WHICH A	
QUORUM WAS PRESENT AT THE TIME OF THE ACTION SHALL BE THE ACT OF THE BOARD	
OF DIRECTORS. NOTWITHSTANDING THE FOREGOING, IT SHALL REQUIRE A MAJORITY	
VOTE OF THE ENTIRE BOARD OF DIRECTORS TO MODIFY EITHER THE CERTIFICATE OF	
INCORPORATION OR THESE BYLAWS, OR TO DISSOLVE OR MERGE THE ORGANIZATION ON	
THE BOARDS' BEHALF.	
SECTION 2.11 REMOVAL OF DIRECTORS. A DIRECTOR MAY BE REMOVED BY VOTE OF	
THE BOARD OF DIRECTORS AT ANY MEETING OF THE DIRECTORS SO LONG AS THE	
NOTICE OF SUCH MEETING SPECIFIES SUCH POTENTIAL REMOVAL.	
SECTION 3.2 EXECUTIVE COMMITTEE. AN EXECUTIVE COMMITTEE SHALL BE FORMED	
AND CONSIST OF THE CHAIRMAN, VICE CHAIRMAN, OFFICERS OF THE CORPORATION WHO	
ARE MEMBERS OF THE BOARD AND CHAIRS OF STANDING COMMITTEES DESCRIBED IN	
SECTION 3.3. THE CHIEF EXECUTIVE OFFICER SHALL BE AN EX-OFFICIO MEMBER OF	
THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL MEET IN NOT LESS	

THAN THIRTY (30) DAYS AT THE CALL OF THE CHAIRMAN OR OF ANY THREE (3) 232212 01-04-13

Name of the organization SERIOUSFUN CHILDREN'S NETWORK	Employer identification number 31–1794455
SERIOUSFON CHILDREN S NETWORK	31-1794455
MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL, SO FAR	
AS IT MAY LEGAL TO DO SO, EXERCISE THE POWERS OF THE BOARD OF DIRECTORS	
WHEN SUCH ACTION IS REQUIRED WHILE THE BOARD IS NOT IN SESSION, WITH THE	
EXCEPTION THAT IT MAY NOT EITHER ELECT A CHIEF EXECUTIVE, MODIFY EITHER THE	
CERTIFICATE OF INCORPORATION OR THE BYLAWS, OR DISSOLVE OR MERGE THE	
DRGANIZATION ON THE BOARD'S BEHALF. ACTIONS TAKEN BY THE EXECUTIVE	
COMMITTEE BETWEEN MEETINGS SHALL BE REVIEWED BY THE BOARD AT ITS NEXT	
SCHEDULED MEETING.	
SECTION 3.3	
B. AUDIT, COMPLIANCE AND RISK COMMITTEE: TO RECOMMEND THE APPOINTMENT OF AN	
INDEPENDENT AUDITOR, APPROVE THE SCOPE OF THE AUDIT, MONITOR RISK	
MANAGEMENT PRACTICES, AND ASSURE ITSELF AND THE BOARD OF THE INTEGRITY OF	
FINANCIAL INFORMATION AND CONTROLS;	
·	
G. GRANTS COMMITTEE: TO OVERSEE SUCH GRANT PROGRAMS AS SFCN SHOULD FROM	
TIME TO TIME ESTABLISH AND, IN THE CASE OF MAJOR GRANTS, TO RECOMMEND SUCH	
GRANTS FOR BOARD APPROVAL.	
THE CHAIRMAN OF EACH OF THE COMMITTEES SHALL BE APPOINTED BY THE BOARD	
CHAIRMAN. COMMITTEE MEMBERSHIP WILL BE DETERMINED BY THE BOARD CHAIRMAN IN	
COORDINATION WITH THE COMMITTEE CHAIRMAN. NON-BOARD MEMBERS MAY SERVE ON	
COMMITTEES, BUT MAY NOT SERVE AS CHAIRMAN AND MAY NOT SERVE ON THE	
EXECUTIVE COMMITTEE.	

SECTOIN 3.5

Name of the organization SERIOUSFUN CHILDREN'S NETWORK	Employer identification numbe 31–1794455
· · · · · · · · · · · · · · · · · · ·	51 1754455
A. CHAIRPERSON'S COUNCIL. TO CONSIST OF THE CHAIRMAN OF THE BOARD OF EACH	
OF THE MEMBER CAMPS AND THE CHAIR OR VICE CHAIR OF THE SFCN BOARD, TO	
ADVISE THE BOARD ON ISSUES RELATING TO THE CAMPS AND TO IDENTIFY AND	
RECOMMEND CAMP NOMINATED DIRECTORS TO THE NOMINATING AND GOVERNANCE	
COMMITTEE.	
SECTION 4.2 ELECTION, TERM OF OFFICE AND VACANCIES. THE OFFICERS OF SFCN	
SHALL BE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS AND SHALL HOLD OFFICE	
FOR ONE (1) YEAR AND IF NOT RE-ELECTED, UNTIL A SUCCESSOR HAS BEEN CHOSEN.	
VACANCIES IN ANY OFFICES MAY BE FILLED AT ANY MEETING OF THE BOARD OF	
DIRECTORS PROVIDING NOTICE HAS BEEN GIVEN OF SUCH PROPOSED ACTION. AN	
OFFICER OF SFCN WHOSE SECOND TERM AS A DIRECTOR IS DUE TO EXPIRE MAY HAVE	
HIS/ HER TERM AS A DIRECTOR EXTENDED FOR THE DURATION OF HIS/HER SERVICE,	
AS AN OFFICER.	
FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED 990 IS REVIEWED FOR	
ACCURACY AND COMPLETENESS BY THE CHIEF EXECUTIVE OFFICER AND CHIEF	
FINANCIAL OFFICER PRIOR TO FILING. THE 990 IS MADE AVAILABLE TO THE BOARD	
OF DIRECTORS BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD OF	
DIRECTORS ARE REQUIRED TO ANNUALLY COMPLETE THE CONFLICT OF INTEREST FORM	
AND SUBMIT IT TO THE CFO. THE CEO AND CFO REVIEW THE COMPLETE FORMS TO	
DETERMINE IF AND WHERE CONFLICTS EXIST.	
FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE OF THE BOARD PERFORMS	
AN ANNUAL REVIEW OF THE CEO PERFORMANCE. THE COMMITTEE UTILIZES INFORMATION	

AN ANNUAL REVIEW OF THE CEO PERFORMANCE. THE COMMITTEE UTILIZES INFORMATION

FROM OTHER NONPROFIT ORGANIZATIONS, THE MEMBERS OWN EMPLOYERS, AND

equincation number	Employer identification		Name of the organization
455	31-1794455	N CHILDREN'S NETWORK	SERIOUSFUN
455	31-1794455	N CHILDREN'S NETWORK	SERIOUSFUN

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE BY PROVIDING COPIES UPON WRITTEN REQUEST. FORM 990 IS AVAILABLE

AFTER FILING ON THE ORGANIZATION'S WEBSITE FOR PUBLIC VIEWING.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

	SCHEDULE	ER
--	----------	----

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Employer identification number 31-1794455

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
STICHTING SERIOUSFUN CHILDREN'S NETWORK	SUPPORT OF THE SERIOUSFUN				SERIOUSFUN		
EUROPE, TELEPORTBOULEVARD 140, AMSTERDAM,	CHILDREN'S NETWORK CAMPS				CHILDREN'S		
NETHERLANDS 1043 EJ	IN EUROPE	NETHERLANDS	NGO		NETWORK	x	
	-						

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

31-1794455

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	((e)	((f)	(9	3)	()	n)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under				end-o	Share of end-of-year assets	Disproportion ate allocations		amount in box 20 of Schedule		nanagino partner?	
		country)		sections	512-514)					Yes	No	K-1 (Form 10)65) Y	es No	
	_														
	_														
	-														
	_														
	-														
	_														
	_														
	_														
	-														
	_														
	_														
	_														
IV Identification of Related organizations treated as a	Drganizations Taxable corporation or trust duri	as a Corpo	oration or Trust (Co year.)	omplete if tl	ne organizati	ion answ	vered "Yes	" to Forr	n 990, Pa	art IV, I	ine 34	because it ha	ad one	e or mo	ore relate
(a)			(b)	(c)	(d)		(e)		(f))		(g)	((h)	(i) Sectio
Name, address, and EIN of related organization		Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of (C corp, S		Share c inco			Share of end-of-vear		entage ership	512(b)(

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled ity? No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 transa	ctions with one or more r	elated organizations listed in I	Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						
b Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)						
d Loans or loan guarantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)						Х
f Dividends from related organization(s)				1f		х
g Sale of assets to related organization(s)				. 1g		X
h Purchase of assets from related organization(s)				. 1h		Х
i Exchange of assets with related organization(s)				. 1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)						
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)						
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						Х
o Sharing of paid employees with related organization(s)						
p Reimbursement paid to related organization(s) for expenses				. 1p		x
q Reimbursement paid by related organization(s) for expenses				1q		х
r Other transfer of cash or property to related organization(s)				. 1r		Х
s Other transfer of cash or property from related organization(s)				. 1s		х
2 If the answer to any of the above is "Yes," see the instructions for information				•		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved		
1)						
2)						
3)						
4)						
<u>'</u>						

(5)

(6)

Schedule R (Form 990) 2012 SERIOUSFUN CHILDREN'S NETWORK

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(a)	(b)	(c)	(d)	e Are partner 501(c orgs)	(f)	(g)	(h)	(i)	(i) (k	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Disprop	or- amount in box 2 of Schedule K- (Form 1065)	Gene	ral or Percei	entaç
of entity		(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	tionation	amount in box 2	0 man	ner? owne	ershi
		country)	under section 512-514)	Vag	Na	income	assets	Yes	(Form 1065)	Yes	NO	-
				res	NO			resi		res	NO	
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Schedule R (Form 990) 2012

Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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