

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning DEC 1, 2012 and ending NOV 30, 2013

Header section containing organization name (SERIOUSFUN CHILDREN'S NETWORK), EIN (31-1794455), address (228 SAUGATUCK AVENUE, WESTPORT, CT 06880), and principal officer (INGRID MILNE).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2012 compared to the prior year.

Part II Signature Block

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

Signature block containing officer signature (INGRID MILNE, CFO), date (7/14/14), and preparer information (YONG ZHANG, CPA, MCGLADREY LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,103,233. including grants of \$ 8,889,738.) (Revenue \$) 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.

4b (Code:) (Expenses \$ 1,842,878. including grants of \$ 199,160.) (Revenue \$) GLOBAL PARTNERSHIP INITIATIVE SUPPORTS WORK WITH INTERNATIONAL AND 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 \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,946,111.

Part IV Checklist of Required Schedules

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

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 35 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. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent 34 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in 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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DONALD J. GOGEL CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MAURICE PRATT VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JOHN M. FORESTER SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) PAGE ADLER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) FRANCISCO ARANGO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) NAOMI BAIGELL TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) LAURA CHONOLES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) J. PATTERSON COOPER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) ROBERT H. FORRESTER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) GEORGIA WALL GOGEL TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) VICTOR HERSHAFT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) DAVID W. HORVITZ TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ERIC KARP TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) SOMESH KHANNA TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) PETER KULLOI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) SARA LAHAT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) RAY LAMONTAGNE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN LEWIS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JOHN E. MARSHALL III TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) TATIANA NOURISSAT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) AUSTIN PETTY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) SERENA PORCANI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JILL RAPPAPORT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) LIZ ROBBINS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) TIM ROSE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) ROBERT J. RUKEYSER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,082,910. | 0. | 165,034. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,082,910. | 0. | 165,034. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| 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 SYSTEM DESIGN | 279,500. |
| DIRECT PRINT COMMUNICATIONS, 201 EAST SANDPOINTE, SUITE 400, SANTA ANA, CA 92707 | DIRECT MAIL CAMPAIGNS | 220,918. |
| WEST GLEN COMMUNICATIONS, INC., 1430 BROADWAY, 9TH FLOOR, NEW YORK, NY 10018 | PSA DISTRIBUTION & TRACKING | 214,125. |
| COMMUNITY COUNSELING SERVICE CO, LLC, 461 FIFTH AVENUE - 3RD FLOOR, NEW YORK, NY | DEVELOP FUNDRAISING CAPACITY | 199,000. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|-------------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) WILLIAM SANGER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (28) HENRY SCHACHT TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (29) RICHARD D. SEGAL TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (30) BETH STEVENS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (31) RICHARD TWYDELL TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (32) STRAUSS ZELNICK TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (33) JOANNE WOODWARD LIFETIME DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (34) JOHN C. READ CEO | 40.00 | X | | X | | | 350,279. | 0. | 37,526. | |
| (35) INGRID MILNE CFO/TREASURER | 40.00 | X | | X | | | 120,384. | 0. | 12,634. | |
| (36) MICHAEL HAVARD CHIEF MKTG OFFICER | 40.00 | | | | X | | 235,598. | 0. | 41,911. | |
| (37) STEVE NAGLER DIR. OF PROGRAM INNOVATION & EVALUAT | 40.00 | | | | X | | 161,596. | 0. | 38,117. | |
| (38) PADRAIG BARRY DIRECTOR OF CAMP SUPPORT SERVICES | 40.00 | | | | | X | 100,941. | 0. | 18,983. | |
| (39) MICHAEL J. SMILES CHIEF DEVELOPMENT OFFICER | 40.00 | | | | | X | 114,112. | 0. | 15,863. | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | 1,082,910. | | 165,034. | |

Part VIII Statement of Revenue

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

| | | (A) | (B) | (C) | (D) | |
|--|--|---|------------------------------------|----------------------------|---|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 685,000. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 8,220,623. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 1,024. | | | | |
| | h Total. Add lines 1a-1f | 8,905,623. | | | | |
| | Program Service Revenue | 2 a _____ | Business Code | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 226,796. | | 226,796. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 867,856. | | | |
| | | c Gain or (loss) | 132,144. | | | |
| | d Net gain or (loss) | | 132,144. | | 132,144. | |
| | 8 a Gross income from fundraising events (not including \$ 685,000. of contributions reported on line 1c). See Part IV, line 18 | a | 1,629,692. | | | |
| | | b Less: direct expenses | 848,187. | | | |
| c Net income or (loss) from fundraising events | | | 781,505. | | 781,505. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a _____ | | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 10,046,068. | 0. | 0. | 1,140,445. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the 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. | 242,062. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,761,595. | 788,489. | 72,902. | 900,204. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 117,256. | 60,389. | 11,207. | 45,660. |
| 9 Other employee benefits | 256,651. | 118,662. | 17,328. | 120,661. |
| 10 Payroll taxes | 178,974. | 80,702. | 15,836. | 82,436. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 66,187. | 23,639. | 6,211. | 36,337. |
| c Accounting | 47,649. | 15,436. | 29,297. | 2,916. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 1,101,034. | 458,827. | 21,610. | 620,597. |
| 12 Advertising and promotion | 358,773. | 179,387. | | 179,386. |
| 13 Office expenses | 464,819. | 155,114. | 30,033. | 279,672. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 263,468. | 120,437. | 16,246. | 126,785. |
| 17 Travel | 564,825. | 439,958. | 14,342. | 110,525. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 97,269. | 68,306. | 5,791. | 23,172. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 46,903. | 22,616. | 2,812. | 21,475. |
| 23 Insurance | 54,972. | 26,631. | 3,390. | 24,951. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a UNCOLLECTIBLE PLEDGES | 850. | | 850. | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 15,192,071. | 11,946,111. | 429,121. | 2,816,839. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 53,569. | 1 | 66,977. |
| | 2 Savings and temporary cash investments | 885,243. | 2 | 662,077. |
| | 3 Pledges and grants receivable, net | 1,321,670. | 3 | 162,880. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 500,000. | 7 | 350,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 287,495. | 9 | 221,226. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 307,953. | | |
| | b Less: accumulated depreciation | 10b 154,882. | 96,929. | 10c 153,071. |
| | 11 Investments - publicly traded securities | 15,527,103. | 11 | 14,590,767. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 18,672,009. | 16 | 16,206,998. | |
| Liabilities | 17 Accounts payable and accrued expenses | 303,991. | 17 | 307,235. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 2,975,876. |
| | 26 Total liabilities. Add lines 17 through 25 | 303,991. | 26 | 3,283,111. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 4,476,049. | 27 | 1,983,502. |
| | 28 Temporarily restricted net assets | 13,891,969. | 28 | 10,940,385. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 18,368,018. | 33 | 12,923,887. | |
| 34 Total liabilities and net assets/fund balances | 18,672,009. | 34 | 16,206,998. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 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)) | 4 | 18,368,018. |
| 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) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 12,923,887. |

Part XII Financial Statements and Reporting

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

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

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

| | Yes | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 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) | |
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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.") | 2,301,265. | 3,264,774. | 2,303,025. | 7,828,622. | 8,905,623. | 24,603,309. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2,301,265. | 3,264,774. | 2,303,025. | 7,828,622. | 8,905,623. | 24,603,309. |
| 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) | | | | | | 12,517,533. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 12,085,776. |

Section B. Total Support

| Calendar 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 instructions) | | | | | 12 | 3,883,729. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 47.51 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 65.45 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 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 | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Employer identification number

31-1794455

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|--|
| Name of organization SERIOUSFUN CHILDREN'S NETWORK | Employer identification number 31-1794455 |
|---|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 5,767,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | <hr/> <hr/> <hr/> | \$ 830,879. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | <hr/> <hr/> <hr/> | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | <hr/> <hr/> <hr/> | \$ 284,603. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | <hr/> <hr/> <hr/> | \$ 211,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|---|--|
| Name of organization SERIOUSFUN CHILDREN'S NETWORK | Employer identification number 31-1794455 |
|---|--|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |

| | |
|---|--|
| Name of organization SERIOUSFUN CHILDREN'S NETWORK | Employer identification number 31-1794455 |
|---|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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 | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(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

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Employer identification number

31-1794455

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 307,953. | 154,882. | 153,071. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 153,071. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

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

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

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

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PAYABLES TO CAMPS | 2,975,876. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,835,767. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -298,128. |
| b | Donated services and use of facilities | 2b | 11,083,730. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 4,097. |
| e | Add lines 2a through 2d | 2e | 10,789,699. |
| 3 | Subtract line 2e from line 1 | 3 | 10,046,068. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 10,046,068. |

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 26,275,801. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 11,083,730. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 11,083,730. |
| 3 | Subtract line 2e from line 1 | 3 | 15,192,071. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 15,192,071. |

Part XIII Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION

UNDER THE NONSTOCK CORPORATION ACT OF THE STATE OF CONNECTICUT AND IS

EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE (THE "CODE"). CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE

WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. THE ORGANIZATION HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS

BEEN DESIGNATED AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER THE

APPLICABLE SECTIONS OF THE CODE. INCOME WHICH IS NOT RELATED TO EXEMPT

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-THAN NOT 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 4,097.

INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTS TO PARTNER ORGANIZATIONS | | 23,204. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS TO PARTNER ORGANIZATIONS AND GRANT AND PASS THROUGH DONATIONS FOR PROVISIONAL NETWORK | | 156,830. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 1 | GRANTS AND PASS THROUGH DONATIONS FOR NETWORK | | 2,284,445. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS AND PASS THROUGH DONATIONS FOR NETWORK | | 853,983. |
| SOUTH AMERICA | 0 | 0 | GRANTS TO PARTNER ORGANIZATIONS | | 44,057. |
| SOUTH ASIA | 0 | 0 | GRANTS TO PARTNER ORGANIZATIONS | | 41,449. |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTS TO PARTNER ORGANIZATIONS | | 94,007. |
| 3 a Sub-total | 0 | 1 | | | 3,497,975. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 1 | | | 3,497,975. |

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

Schedule F (Form 990) 2012

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) |
|-------------------------------|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | CENTRAL AMERICA AND THE CARIBBEAN | PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY AND IN | 23,204. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY AND IN | 156,830. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS PROVIDE PSYCHOSOCIAL | 2,284,445. | WIRE TRANSFER | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS PROVIDE PSYCHOSOCIAL | 853,983. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS PROVIDE PSYCHOSOCIAL | 44,057. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS PROVIDE PSYCHOSOCIAL | 41,449. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS PROVIDE PSYCHOSOCIAL | 94,007. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities 0

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.

| (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) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
| | | | | | | | |
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* Yes 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 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)* Yes 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "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 No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V 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):

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.

Part V 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

(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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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.

Open To Public Inspection

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Employer identification number

31-1794455

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 | | | |
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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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|---|---|--|--|---------------------|--|
| | | NYC GALA AT PIER SIXTY APRIL 2013 (event type) | LONDON GALA DECEMBER 2014 (event type) | 1 (total number) | |
| 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. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 13,358. | 62,349. | | 75,707. |
| | 7 Food and beverages | 86,327. | 74,607. | | 160,934. |
| | 8 Entertainment | 121,900. | 95,053. | | 216,953. |
| | 9 Other direct expenses | 194,265. | 193,770. | 6,558. | 394,593. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (848,187) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 781,505. | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **SERIOUSFUN CHILDREN'S NETWORK** Employer identification number **31-1794455**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMP KOREY 28901 NE CARNATION FARM ROAD CARNATION, WA 98014 | 20-3829742 | 501(C)(3) | 689,058. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736 | 59-3012889 | 501(C)(3) | 770,682. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN, CT 06511 | 06-1157655 | 501(C)(3) | 296,779. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| FLYING HORSE FARMS 3 EASTON OVAL, SUITE 330 COLUMBUS, OH 43219 | 20-3498125 | 501(C)(3) | 582,350. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846 | 14-1752888 | 501(C)(3) | 799,382. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| ROUNDUP RIVER RANCH PO BOX 8589 AVON, CO 81620 | 20-4632248 | 501(C)(3) | 619,733. | 0. | | | OPERATING AND CAPITAL NEEDS. |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTH STAR REACH 300 NORTH INGALLS STREET, RM NI4C0 ANN ARBOR, MI 48109 | 26-0347065 | 501(C)(3) | 227,246. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| THE PAINTED TURTLE 17000 ELIZABETH LAKE ROAD LAKE HUGHES, CA 93532 | 95-4612481 | 501(C)(3) | 891,900. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| VICTORY JUNCTION 4500 ADAM'S WAY RANDLEMAN, NC 27317 | 56-2215292 | 501(C)(3) | 651,142. | 0. | | | OPERATING AND CAPITAL NEEDS. |
| AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 600 COLUMBUS AVE - NEW YORK, NY 10024 | 36-4558884 | 501(C)(3) | 62,651. | 0. | | | OPERATING AND CAPITAL NEEDS. |
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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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
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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
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ 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 Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | X | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | X | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | X | | | | | | | | |
| <p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 5a | X | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p> | 5b | X | | | | | | | | |
| <p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 6a | X | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p> | 6b | X | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | X | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | X | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

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.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization
SERIOUSFUN CHILDREN'S NETWORK

Employer identification number
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.

| | |
|---|--|
| Name of the organization SERIOUSFUN CHILDREN'S NETWORK | Employer identification number 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

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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)

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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

ORGANIZATION 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

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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
FROM OTHER NONPROFIT ORGANIZATIONS, THE MEMBERS OWN EMPLOYERS, AND

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INFORMATION FROM PUBLIC SOURCES REGARDING OTHER NONPROFITS.

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.

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.**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| STICHTING SERIOUSFUN CHILDREN'S NETWORK EUROPE, TELEPORTBOULEVARD 140, AMSTERDAM, NETHERLANDS 1043 EJ | SUPPORT OF THE SERIOUSFUN CHILDREN'S NETWORK CAMPS IN EUROPE | NETHERLANDS | NGO | | SERIOUSFUN CHILDREN'S NETWORK | X | |
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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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (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 | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|---|--------------------------|-------------------------------------|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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