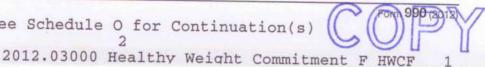
## Form 990

	Return of Organization Exemp  Under section 501(c), 527, or 4947(a)(1) of the Internal Internal Service  The organization may have to use a copy of this return to the companient of the Internal Interna	L From In-	me Tax	OMB No. 1545-0
B Check applica	C Name of organization	satisfy state reporting	requirements	Open to Publi
Addr	SS Una 7			Inspection
Name chang Initial return Terminated Amend	Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)  1025 Thomas Toff	0	27-083	
Application	City, town, or post office. NW	Room/suite E Telep	none number	
pending	L Washington Do		202-55	8-4660
	same as Gable	G Gross n	is a group return	3 100 = 10
I Tax-exer	nt etatus 37	for a	ffiliates?	
J Website	> www.healthyweight   501(c)()   4947(a)(1) or	LI/le \ A	Il affiliates included	Yes X No
K Form of or	anization: V or Weight Commit org	527 If "N	o," attach a list. (	? Yes No
rart 1	ummary Association Other			
1 1	effly describe the organization's mission or most significant activities: To receive this box if the organization discontinued its continued i	L Year of formation:	2009 M State	nber  of legal domicile: DC
Activities & Governance Sovernance Sovernanc	ildhood obegitter inssion or most significant activities. To re-			or legal domicile: DC
E 2 Ch	if the organization discontinued its operations or disposed of the governing body (Part VI, line 1a)	duce obesit	Y, espec	ially
0 3 Nu				Lally
a 4 Nui	her of voting members of the governing body (Part VI, line 1a)  I number of individuals employed in calendar year 2012 (Part VI, line 2a)	of more than 25% of	f its net assets	
5 Tot	number of individual and of the governing body /Port VII is	*******************	3	1.0
6 Tota	number of the first of the firs	*****************	1	18
7 a Tota	Unrelated humin	************************	5	18
b Net	Inrelated business revenue from Part VIII, column (C), line 12 Inrelated business taxable income from Form 990-T, line 34 Ibutions and grants (Part VIII line 41)	***************************************	6	5
	mistated business taxable income from Form 990-T. line 34	***************************************	7a	0
w 8 Cont	ibution		7b	0.
9 Prog	ibutions and grants (Part VIII, line 1h)	Prior Yea		0.
		5,749,		urrent Year
10 Inves				,497,334.
11 Othe	revenue (Part VIII, column (A) lines 5, 6d, 2, and 7d)	2	0.	0.
, o cui	evenue - add lines 8 through 44	4,	286.	1,366.
l. o Gidil	And similar area (A) line 40)	ALC: UNIVERSITY OF THE PARTY OF	235.	842
14 Bene	s and similar amounts paid (Part IX, column (A), lines 1-3)	5,752,	189. 3	499,542.
15 Salari	ts paid to or for members (Part IX, column (A), lines 1-3) s, other compensation, employee benefits (Part IX, column (A), line 4)	157,	000.	375,000.
16a Profes	s, other compensation, employee benefits (Part IX, column (A), line 4) sional fundraising fees (Part IX, column (A), line 11a)		0.	0.
15 Salari 16a Profes b Total	sional fundraising fees (Part IX, column (A), line 5-10)  undraising expenses (Part IX, column (A), line 11e)	698,0	91.	829,524.
17 Other	undraising expenses (Part IX, column (A), line 11e)		0.	0.
	APPRISES IPARTIX COLUMN (A) II			
18 Total	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,218,6	38. 5.	565,985.
19 Reven	le less expenses. Subtract line 18 from line 12	8,073,7	29. 6	770,509.
	The International Control of the Con	<2,321,5	40.> <3	270,967.>
20 Total a	ssets (Part X, line 16)	Beginning of Curren	Year En	d of Year
21 Total li	bilities (Part X, line 26)	10,218,8	13. 6.	634,601.
	ets or fund balances. Subtract line 21 from line 20	732,9	61.	419,716.
		9,485.8	52. 6	214 005
er penalties of	erjury, I declare that I have examined this return in the			222,005.
correct, and or	erjury, I declare that I have examined this return, including accompanying schedules and st orplete, Declaration of preparer (other than officer) is based on all information of which pre-	atements, and to the be	st of my knowledge	and heliof it is
N	opplete Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledg	e.	and belief, it is
S	analyre of officer			
		Date	1 000-	
Ť	isa Gable President pe or print name and title	21	tor an.	
		Date / cr	eck PTIN	
arer Firm's	as J. Raffa	3/27/13!		16458
Only Firm's	Raffa, P.C.	Firm's E	N 52 15	11275
rim's a	ddress 1899 L Street, NW, Suite 900	THITISE	52-15	11275
	Washington Do 20025			
	Masilling Coll. DC X0036	Dhar	202 000	FOOO
W- 100 -11-	Washington, DC 20036 uss this return with the preparer shown above? (see instructions)	Phone r	io. 202-82:	

07330301 786783 HWCF

See Schedule O for Continuation(s)



Form 990 (2012) Healthy Weight Commitment Foundation
Part IV Checklist of Required Schedules

If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  It is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization associan 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II  Did the organization maintain any donor advised druds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or determine similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or determine similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or determine similar assets? If "Yes," complete Schedule D, Part II  Did the organization organization report an amount in Part X, line 21, for escrov or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide oradic rounseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization is departed to the foliation of the foliation or the foliation of the foliation or the foliation of the foliation of the foliation or the foliation of the foliation of the foliation or the foliation of the foliation o	1	is the organization described in section 501/JVV - 4047/JVV		Ye	s No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(k)4 section in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as estoria 501(k)4, 501(k)6), or 501(k)6), o		organization described in section 50 (C)(5) or 4947 (a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(k)4 section in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as estoria 501(k)4, 501(k)6), or 501(k)6), o	2	Is the organization required to complete Schodulo B. Schodulo at Octobridate Schodulo B.	. 1	-	
A Section Solic(3) organizations. Did the organization engage in lobbying activities, or have a section Soli(1) election in effect during the tax year? If "Yes," complete Schedule C, Part II 1		Support of the delibrate of the date of th	2	X	
during the tax year? If "Yes," complete Schedule C, Part II 4  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 98.197 If "Yes," complete Schedule C, Part III 5  Did the organization maintain any donor advised funds or any similar funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 1  Did the organization moceive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7  Did the organization moceive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8  Did the organization proort an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II 16 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V II 16 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 16 the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 16 the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total a		public office? If "Yes " complete Schedule C. Port I			
ouning the fatury of "Yes," complete Schedule C, Part II    is the organization a section 501(c)(4), 501(c)(6) or 501(c)(6	4	Section 501(c)(3) organizations. Did the organization appear in Libb.	. 3		X
similar amounts as defined in Revenue Procedure 98.197 if "yes," complete Schedule D, Part III 5  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 6  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization in export an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for lound provides as applicable.  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If V		during the tax year? If "Ves." complete Schodule C. Red III	ct		
Seminar amounts as deriffed in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide orectific counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization seport an amount for investments Foreignar related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization seport an amount for investments Foreignar related in Part X, line 15 that is 5% or more of its total as	5	Is the organization a section 501/cV/A 501/cV/S as 501/cV/S	. 4		X
be the organization report and avoised 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 "It "yes," complete Schedule D, Part I   6    10 tit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III   7    10 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   8    11 bid the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V   10 bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V   10 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V   11 bid the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V   11 bid the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X   11 bid bid the organization shall high to run entain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   11 bid bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X   11 bid bid t		similar amounts as defined in Poverus Presedure Co. (C)(5), or 50 (C)(6) organization that receives membership dues, assessments, or			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for content and seases in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII If	6	Did the organization maintain any depart advised funds as a service of the defendance of the complete Schedule C, Part III	. 5		X
the environment, historic land areas, or historic structures? If "ves," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assets? If "ves," complete Schedule D, Part III and the organization maintain collections of works of art, historical treasures, or other similar assets? If "ves," complete Schedule D, Part III and the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "ves," complete Schedule D, Part V in the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "ves," complete Schedule D, Part V in the organization report an amount for land, buildings, and equipment in Part X, line 107 If "yes," complete Schedule D, Part V in the organization report an amount for land, buildings, and equipment in Part X, line 107 If "yes," complete Schedule D, Part V in 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 167 If "yes," complete Schedule D, Part V in the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "yes," complete Schedule D, Part V in the organization report an amount for other assets in Part X, line 257 If "yes," complete Schedule D, Part X in the organization in separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "yes," complete Schedule D, Part X in the organization included in asset of the line of States? If yes, "complete Schedule F, Parts III and IV  Did the organization report an Part IX, column (A		provide advice on the distribution or investment of amounts in and for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization service by or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V.  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III.  Did the organization obtain separate or consolidated financial statements for the tax year include a foctortot othat addresses the organization obtain separate or consolidated financial statements for	7	Did the organization receive or hold a concentration amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X
Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for linvestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  116  Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  117  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional  Stee organization as echocol described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X AVIII X  Did the organization as echocol described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X AVIII X  Did the organization report on Par	•	the environment, historic land areas, or historic attractive 2 of 100 and 100			
Schedule D, Part III  B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization (sective or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VII, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," and it the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Sche	8	Did the organization maintain collections of wades of art birty in the property of the propert	. 7		X
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate; independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 114  11b  Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b  Was the organization as chool described in section 170(b)(1)(A)(R)? If "Yes," complete Schedule E 114  12d 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? If "Yes," complete Schedule F, Parts III and IV 14b  15d Did the organization report a		Schedule D. Part III			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate; independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 114  11b  Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b  Was the organization as chool described in section 170(b)(1)(A)(R)? If "Yes," complete Schedule E 114  12d 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? If "Yes," complete Schedule F, Parts III and IV 14b  15d Did the organization report a	9	Did the organization report an amount in Post V line of 4	. 8		X
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or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  15  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? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  10  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		or more? If "Vos " complete School to E. Posto Level 110,000			
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located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0	or entity located cutaids the United State 20 K No. 1 me 3, more than \$5,000 of grants or assistance to any organization			
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? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	8	Did the organization report on Port IV and IV	15		X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   17  18  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0	located cytride the United States 2 (5 lives line 3, more than \$5,000 of aggregate grants or assistance to individuals			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   17  18  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	,	Did the experiencies and a total of a series of a series of a total of a series of a s	16		X
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-	the organization report a total of more than \$15,000 of expenses for professional fundraising equippes on Doct IV			
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0	Did the organization record may the Odf see	17		X
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	9	the organization report more than \$15,000 total of fundraising event gross income and contributions on Port VIII lines			
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Did the executation report was a few field and the control of the	18		X
one of the of filler flospital facilities? If "res," complete Schedule H	~	the organization report more trials \$15,000 or gross income from gaming activities on Part VIII line 9a2 If "Vec "			
one of the of filler flospital facilities? If "res," complete Schedule H	) 2	Did the organization energte one or many hard in the control of th	19		X
W II 100 to line 20d, did the organization attach a copy of its guidited financial statement 1 to 100.		organization operate one of more nospital facilities? If "Yes," complete Schedule H	20a		X
20b	Ŋ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

04			100	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
22	and organization report more trial \$5,000 of grants and other assistance to individuals in the Living and		X	-
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22		X
	Schedule J	00	v	
24a	last day of the year, that was issued after December 31, 2002? If "Yes " answer lines 34h through 34d and and a second se		X	
b	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a townsord a townsord and complete	24a		X
C		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease	24c		
Q.F.	or loads for bolida outstallolling at any time diffing the year?	24d		
	disqualified person during the year? If "Yes," complete Schedule L. Part I	100000		Х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	200		Α
		25b		X
	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 in the property of the property of the organization in the property of the organization in the property of the property of the organization in the property of the organization in the property of the property of the organization in the property of the property o	d		
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):			
h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
0	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	director, trustee, or direct or indirect owner? If "Yes." complete Schedule 1. Part IV.	28c		х
	and organization receive more triain \$25,000 in non-cash contributions? If "Yes " complete Schodule M.	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  contributions? If "Yes," complete Schedule M  Did the organization liquidate, torminate as discellent.	29		2350
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
1	If "Yes," complete Schedule N, Part I			
02	Schodule N. Part II.	31		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
5	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		X
-	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Did the organization have a controlled entity within the	34		X
35a D	and organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b 11	t "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	oou		27
V	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
00 0	could be itely of garillations. Did the organization make any transfers to an exempt non charitable related	330		
11	res, complete schedule H, Part V, line 2	36	,	X
37 D	or a related organization	-	1	-
552	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule B. Boot M.	37	,	X
a	VI III			a de
38 D	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	01		

O12) Healthy Weight Commitment Foundation
Statements Regarding Other IRS Filings and Tax Compliance Part V

4.	Enter the south			Yes	Ti
18	and the state of t	2		103	t
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
C	bid the organization comply with backup withholding rules for reportable payments to vanders and reportable				1
2a	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	. 1	С	X	L
	filed for the calendar year ending with or within the year covered by this return	_			
b	if at least one is reported on line 2a, did the organization file all required federal employment tay returned	5			F
	the same of lines a and 2a is greater than 250, you may be required to e-file (see instructions)	2	b	X	-
За	Did the organization have unrelated business gross income of \$1,000 as many districtions.	899		200	
b	if tes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schodulo O				L
4a	At any time during the calendar year, did the organization have an interest in or a signeture as all any time during the calendar year, did the organization have an interest in or a signeture as all any time during the calendar year, did the organization have an interest in or a signeture as all any time during the calendar year, did the organization have an interest in or a signeture as all any time during the calendar year, did the organization have an interest in or a signeture as all any time during the calendar year, did the organization have an interest in organization as a signeture as a signer as a signeture as a signeture as a signer as a s		b		-
	mariolal account in a foreign country (such as a bank account, securities account, or other financial account)	1 3			
b	rest and the name of the foreign country:	48	а	1000	100
	See instructions for filing requirements for Form TD F 90-22 1 Report of Foreign Real and 5				
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tax years.	264		P.F	
b	that it was or is a party to a prohibited tay shelter transaction?	58		-	
C	" 199, to line 3d of 3b, did the organization file Form 8886-T?			-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the greatistics.	50			_
	any commoditions that were not tax deductible as charitable contributions?				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or effective.	6a	-	-	-
	were not tax deductible?				
7	The section 170/c)	6b	1000	0.024	-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for payd, and	The state of the s	2480		
-	The value of the organization notify the donor of the value of the goods or services provided?			-	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	-	-	_
	to the Form 52627				1
d	in too, indicate the number of Forms 8282 filed during the year	7c	2000	E 20 10	2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a possessed by affile	10.192	1		4
•	bid the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7e		+	2
9	and organization received a contribution of qualified intellectual property did the organization file Form 2000	7f	_		Σ
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the arganization of	7g		I/A	_
	openisoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the currently 37 / 3	7h	IN	I/A	
	signification, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the ward		200	RE LE	
	oponsoling organizations maintaining donor advised funds.	8	5/5/6/3	G E	31
a	Did the organization make any taxable distributions under section 4966?	0	1000		
770	Triangle a distribution to a donor, donor advisor, or related person?	9a	-	+	_
	Section 501(c)(7) organizations. Enter:	9b	ESTENDING.	tu let	
a	nitiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
	aross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ME.		
,	section 501(c)(12) organizations. Enter:				
3 (	Gross income from members or shareholders N/A 11a				
0 '	gloss income from other sources (Do not net amounts due or paid to other sources against				
ć	imounts due or received from them.)				
	rection 4347(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a	E CONT	1	
)	res," enter the amount of tax-exempt interest received or accrued during the year N/A	IZd	Mes		
- 5	section 501(c)(29) qualified nonprofit health insurance issuers				
1 1	s the organization licensed to issue qualified health plans in more than one state?  N/A	13a	The same	-	-
	rote: See the instructions for additional information the organization must report on Schedule O	100	BIE.	N Red	
	inter the amount of reserves the organization is required to maintain by the states in which the	Many .		1	
0	rganization is licensed to issue qualified health plans			Di-	
E	the amount of reserves on fland				
100	ICI THE OFFICIALIZATION POCCESS AND POST POST POST POST POST POST POST POST				
-	id the organization receive any payments for indoor tanning services during the tax year?  "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X	



Form 990 (2012) Healthy Weight Commitment Foundation 27-0832603 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 27-0832603 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

-	Check if Schedule O contains a response to any question in this Part VI				X
Se	ction A. Governing Body and Management			XXXXX.	
4.				Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	8			1
	if there are material differences in voting rights among members of the governing body, or if the governing	in the			185
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	8	1		123
2	bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				100
	officer, director, trustee, or key employee?		2		X
3	big the organization delegate control over management duties customarily performed by or under the disease.		-		Δ
	of officers, directors, or trustees, or key employees to a management company or other person?	1.			v
4	and the organization make any significant changes to its governing documents since the prior Form 000 was fledo		4		X
5	bid 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?	-	5	37	X
7a	and a second relation relation to the relation of the power to elect or appoint and the power to elect or ap		)	X	
	more members of the governing body?  Are any governance decisions of the grazalization received to (as his to be a power to elect or appoint one or			**	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7:	a	X	
	persons other than the governing body?			1000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	71	b	X	
a	The governing body?	377			
b	The governing body?  Each committee with authority to act on behalf of the governing body?	88	a	X	
9	Each committee with authority to act on behalf of the governing body?	81	b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X
-	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
10a	Did the organization have lead charters have been been been been been been been be		)	res	No
h	Did the organization have local chapters, branches, or affiliates?	10	a		X
	" 100, did the organization have written policies and procedures doverning the activities of such above				
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	101	b		
h	that the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11:	a	X	
D	bescribe in Schedule O the process, if any, used by the organization to review this Form 990.			Mary I	BPAC.
iza	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	128	_	X	
-	bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Voc." describe				
	in Schedule O how this was done	120		X	
	and a supplied to the supplied of the supplied	13		X	
14	bid the organization have a written document retention and destruction policy?	14		X	
-	and an expression determining compensation of the following persons include a review and approved by independent	14	200	Δ.	150
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	45-	100	0	
	other officers of key employees of the organization	15a		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	4	X	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1		
	taxable entity during the year?	SHIE		STATE OF	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		COLUMN ST	X_
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		HE.	8	
	ion C. Disclosure	16b			_
7	List the states with which a copy of this Form 990 is required to be filed None				
8 8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a				
1	for public inspection. Indicate how you made these available. Check all that apply.	vailat	ole		
	Our website				
1 6	Doubli equest   I () Ther (explain in Schedule ()				
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	finar	ncia	1	
) (	State the name, physical address, and talks have a set to the				
,	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	on:	-		
	uisa Gable, President - 202-558-4660	o.m.			
2006	1025 Thomas Jefferson Street, NW, No. 420 E, Washington, DC 200	07			_
10-12		Adra	90	0 120	121

### 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;

Check this box if neither the organization  (A)  Name and Title	(B) Average hours per week	Average (c)				n e than is bo	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organization below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Indra Nooyi-PepsiCo, Inc. Chair	2.00	X		X				0.	0.	0
(2) Ric Jurgens-HyVee, Inc.	2.00							0.	0.	0
Vice Chair		X		X				0.	0.	0
(3) David Mackay-Kellogg Co.	2.00								0.	0
Chair Emeritus		X						0.	0.	0
(4) Pamela Bailey-Grocery	2.00									
Manufacturers Assoc.; Dir.	2 00	X		_			_	0.	0.	0
(5) Rob Case-Nestle USA, Inc.	2.00									
(6) John Bilbrey-Hershey Co.	2.00	X		-			-	0.	0.	0
Director	4.00	X						0		
(7) John Bryant-Kellogg Co.	2.00	Α					+	0.	0.	0.
Director	2.00	x						0.	0	0
(8) Sean Connolly-Hillshire Brands	2.00							0.	0.	0.
Director		X						0.	0.	0.
(9) J. Alexander Douglas-CocaCola	2.00								0.	0.
Co.; Treasurer		X		X				0.	0.	0.
(10) Rhonda Jordan-Kraft Foods Inc.	2.00									
Director (11) Keel Keel	2 22	X		-	-	_	-	0.	0.	0.
(11) Karl Kramer-Tate & Lyle Director	2.00	37								
(12) Todd Lachman-Mars Inc.	2.00	X		-	-	-	-	0.	0.	0.
Director	4.00	X						0		
(13) Chris Lischewski-Bumble Bee	2.00	27		1		1	+	0.	0.	0.
Foods; Director		X				1	,	0.	0.	0
(14) Andrew Madsen-Darden	2.00					1		0.	0.	0.
Restaurants; Director		X						0.	0.	0.
(15) Eugenio Minvielle-D.E. Master	2.00								0.	0.
Blenders; Director	0.00	X						0.	0.	0.
(16) Denise Morrison-Campbell Soup	2.00									
Co.; Director	0.00	X	-	-	4	-		0.	0.	0.
(17) Ken Powell-General Mills	2.00									_
Director 232007 12-10-12		X						9.		0.

Part VII Section A. Officers, Directors, Tru	stees, Key Em	plo	yees	, an	d H	ighe	st C	ompensated Employe	es (continued)			Page
(A) Name and title	(B) Average hours per week	(de	o not o x, unle	Pos check	c) sition more	n e than is bo	one th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	from torganization	sation he ation ated
(18) Leslie Sarasin-Food Marketing	2.00											
Institute; Director (19) Tim Smucker-J.M. Smucker Co.	2.00	X		-				0.	0 .			0
Secretary (Jan-Dec. 14)	2.00	X		X				0.	0			
(20) Paul Smucker Wagstaff-J.M.	2.00	22		21				0.	0.	-		0
Smucker Co.; Sec. (Dec. 14-present)		X		X				0.	0.			0
(21) Alan Wilson-McCormick & Co.	2.00											- 0
irector	2 00	X						0.	0.			0
22) Kees Kruythoff - Unilever	2.00	X						0.	0			
(23) Debra Sandler- Mars Inc. Director	2.00	X					1	0.	0.			0
24) Lisa Gable resident	55.00			х				423,287.	0.		28,1	
25) Tom Mainwaring	10.00							220/20/1	0.	-	20,1	13
PFO		-		X	-	-	+	50,097.	0.			0
1b Sub-total						•		473,384.	0.	1	28,1	73
c Total from continuation sheets to Part V	II, Section A					-	-	0.	0.			0
d Total (add lines 1b and 1c)	ont limite of to the		 C-1			<u> </u>		473,384.	0.	2	28,1	73
2 Total number of individuals (including but n compensation from the organization	ot imited to the	ose	liste	ab	ove	) who	o rec	eived more than \$100,0	000 of reportable			
3 Did the organization list any former officer,	director, or trus	stee	key	em/	nlov	100	or hic	sheet componented om	mlaura au	N. S. S. LIN	Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual		,,		,y	55,	or ring	most compensated em	ployee on	2	253/5	v
To any individual listed on line 1a, is the st	ım or reportable	COL	mpei	nsat	ion:	and	other	compensation from th	o organization	3	ASSESS N	X
and related organizations greater than \$150	0,000? If "Yes,"	con	nplet	te So	chec	dule	J for	such individual		4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compensations B. Independent Contractors	ccrue compens	satio	on fro	om a	anv I	unre	ated	organization or individu	ial for convices			
Section B. Independent Contractors	piote ochiedale	0.10	SUC	on p	0150	И1				5		X

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
Discovery Education, Inc., One Discovery Place, Silver Spring, MD 20910	Program development	1,630,000.
Daniel J. Edelman, Inc. 21992 Network Place, Chicago, IL 60673	Consulting	1,233,000.
Academy of Nutrition & Dietetics Found.,12 S. Riverside Plaza, #2000, Chicago, IL 6060 White House Writers Group, Inc., 1025	0 6Contract work	903,000.
Thomas Jefferson St., Washington, DC 20007 Kelley Drye & Warren, LLP		308,456.
101 Park Avenue, New York, NY 10178	Legal and program consulting	203,893.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization  8	ed above) who received more than	

232008

Form **990** (2012)

Section B. Independent Contractors

		Check if Schedule O co		7 4400101	(A)	(B)	(0)	
					Total revenue	Related or exempt function revenue	(C) Unrelated business	Revenue excluding from tax under sections 512
and Other Similar Amounts	1	a Federated campaigns	1a		SEED OF STREET	revenue	revenue	sections 512 513, or 514
oni		h Manshaushin d	1b					
Am		c Fundraising events						
ar		d Related organizations	1d					
Ē		e Government grants (contribu	utions) 1e					A CONTRACTOR
S	1	f All other contributions, gifts, gra	nte and			E ALCOHOLOGICA		
the		similar amounts not included ab		3,497,334.				
0			2200000					
and	i	Noncash contributions included in line     Total. Add lines 1a-1f	s ia-ii; \$		2 407 224			
		Total Had midd fu 11	***************************************	D O I	3,497,334.		Pictor To	
	2 a			Business Code				
Hevenue				_				
nue	C							
eve	0							
H	0	1		-				
	f	All other program conde		-				
	'	All other program service reve	enue	.,				
	3	Total. Add lines 2a-2f				Section 1995	THE NEW	AVEL SERVICE
	3	Investment income (including	dividends, int	terest, and				
		other similar amounts)	********	▶	1,366.			1,366
	4	Income from investment of ta	x-exempt bon	d proceeds				
1	5	Royalties						
١.			(i) Real	(ii) Personal			SALES COLUMN	
	6 a	***************************************						
	b					A LEAST OF THE		
	C	- (.000)						
		Net rental income or (loss)				THE RESERVE OF THE PARTY OF THE		CONTRACTOR OF THE PARTY OF THE
7	a	Gross amount from sales of	(i) Securities	s (ii) Other	ETTER THE SERVICE		SELEK PERMIS	O Charles College
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)			A DOLD ON THE PROPERTY OF	THE PARTY OF THE PARTY BET		
8	a	Gross income from fundraising	g events (not			NAME OF THE PARTY OF	Section Section	
		including \$	of					
		contributions reported on line	1c). See					
		Part IV, line 18		a				
	b	Less: direct expenses		b				
	C	Net income or (loss) from fund	raising events		THE RESERVE OF THE PARTY OF THE		MER HERE	
9	а	Gross income from gaming act	tivities. See	10		A STATE OF THE SAME		Street Company
		Part IV, line 19		a				
	b	Less: direct expenses		b				
	C	Net income or (loss) from gamin	ng activities	<b>&gt;</b>	on a seriet frankright	THE POST OF THE PARTY.	12.0 a 12.0 ( De-	
10	а	Gross sales of inventory, less re	eturns	7.3		SECTION AND DESIGNATION OF THE PARTY.	NAME OF TAXABLE PARTY.	
		and allowances						
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	of inventory		ARTHUR FIRES	Name and Address of the		
		Miscellaneous Revenue		Business Code	Section V. No. 1997			William Comment
11	а	Other		900099	040	0.40		
	b			300033	842.	842.		
	C						100	110)11
	d /	All other revenue					11	
							0	
		Total. Add lines 11a-11d			842.	等人。从理图		The state of
12		Total revenue. See instructions			,499,542.	842.	0.	1,366.

#### 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, (A) (C) Management and (D) Fundraising expenses Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 375,000. 375,000. Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees 586,557. 463,505. 123,052. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 203,057. 174,192. 28,865. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,620. 5,362. 1,258. Payroll taxes 10 33,290. 26,966. 6,324. Fees for services (non-employees): a Management ..... Legal 20,442. 3,210. 17,232. Accounting C 51,777. 8,132. 43,645. Lobbying ..... Professional fundraising services. See Part IV, line 17 e Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 4,171,340. 4,163,938. 7,402. Advertising and promotion 12 413. 413. Office expenses 44,213. 44,213. Information technology 14 93,933. 27,000. 66,933. Royalties 15 16 Occupancy 56,388. 56,388. 17 Travel 38,268. 1,723. 36,545. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,829. 3,829. 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 22 152,570. 152,570. 23 Insurance 8,132. 8,132. 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 Project contract costs 909,639. 909,639. Computer/software exp. 5,548. 5,548. Dues and subscriptions 4,950. 4,950. d Overhead allocation 0. 503,006. <503,006.> e All other expenses 4,543. 4,543. 25 Total functional expenses. Add lines 1 through 24e 6,770,509. 6,661,673. 108,836. 0. 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)

232010 12-10-12

Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Г	ILLY	balance Sneet					
		Check if Schedule O contains a response to an	y questio	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			755,252	1	1,216,271
	2	Savings and temporary cash investments			5,537,602	2	3,467,538
	3	Pledges and grants receivable, net			3,482,000		1,903,000
	4	Accounts receivable, net				4	2/303/000
	5	Loans and other receivables from current and f	ormer offi	icers, directors,		1921	
		trustees, key employees, and highest compens	ated emp	oloyees. Complete		優等	
		Part II of Schedule L		1. S. C.	THE REAL PROPERTY OF THE PARTY	5	
	6	Loans and other receivables from other disqual	ified pers	ons (as defined under	MARKET DIVERSION	-	
		section 4958(f)(1)), persons described in section	n 4958(c)	(3)(B), and contributing		LAN.	
		employers and sponsoring organizations of sec	tion 501(d	c)(9) voluntary			
		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
ASS	8	Inventories for sale or use		******************************		8	
	9	Prepaid expenses and deferred charges		***************************************	286,390.		12 702
	10a	Land, buildings, and equipment: cost or other	1 1	*************	200,390.	9	42,793
		basis. Complete Part VI of Schedule D	10a	455 269			
	b		10h	455,269.	152,570.	40-	
	11	Investments - publicly traded securities	100	255,205.	154,570.		0
	12	Investments - other securities. See Part IV, line	11			11	
	13	Investments - program-related. See Part IV, line			12		
	14	Intangible assets			13		
	15	Other assets. See Part IV, line 11			4 000	14	1 000
	16	Total assets. Add lines 1 through 15 (must equi		4,999.	15	4,999	
	17	Accounts payable and accrued expenses	ai iii ie 04/	***************************************			6,634,601
	18	Grants payable			732,961.		294,716
	19	Deferred revenue		18	125,000		
	20	Tax-exempt bond liabilities		***************************************		19	
0	21	Escrow or custodial account liability. Complete R	Part IV of	Schodula D		20	
	22	Loans and other payables to current and former	officere	directors trustees		21	
e de la companya de l		key employees, highest compensated employee	e and die	augustified passess		PY	
1		Complete Part II of Schedule L					
	23	Secured mortgages and notes payable to unrela	tool thind			22	
	24	Unsecured notes and loans payable to unrelated	third no	parties		23	
	25	Other liabilities (including federal income tax, pay	unita par	related third		24	
		parties, and other liabilities not included on lines					
		Cabadula D					
	26	Total liabilities. Add lines 17 through 25	***********		722 061	25	110 516
		Organizations that follow SFAS 117 (ASC 958)			732,961.	26	419,716.
,		complete lines 27 through 29, and lines 33 and		iere and			
	27	Unrestricted net assets			E 601 0F0		0.000.000
	28	Temporarily restricted net assets		******************	5,621,852.	27	2,726,885.
	29				3,864,000.	28	3,488,000.
		Organizations that do not follow SFAS 117 (AS	20 050)			29	
		and complete lines 30 through 34.	oc 958), c	check here			
		Capital stock or trust principal, or current funds					
	31	Paid-in or capital surplus, or land, building, or equ	and		30		
	32	Retained earnings, endowment, accumulated inc	thor fund-		31		
	33	Total net assets or fund balances	uner runds	0 405 050	32		
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances			9,485,852.	33	6,214,885.
_	31				10,218,813.	34	6,634,601. Form <b>990</b> (2012)

Form 990 (2012)



Both consolidated and separate basis

3b Form 990 (2012)

X

2c X

3a



consolidated basis, or both:

X Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

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.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

Part I	Reason	Healt n for Public C	hy Weight Con	nmitme	ent Fo	undat	cion			27-083		
	nization is no	t a private foundat	harity Status (All orga	nizations	must comp	lete this p	art.) See ir	nstruction	s.			
1	A church o	ca private roundar	tion because it is: (For line	s 1 through	gh 11, chec	k only on	e box.)					
2	A school de	escribed in section	ches, or association of ch	urches de	escribed in	section 1	70(b)(1)(A	)(i).				
3	A hospital o	or a connerative by	n 170(b)(1)(A)(ii). (Attach	Schedule	E.)							
4	A medical r	esearch organizat	ospital service organization	n describe	ed in section	on 170(b)(	(1)(A)(iii).					
	city, and sta	ate:	ion operated in conjunction	n with a n	iospital des	cribed in	section 1	70(b)(1)(A	)(iii). Ente	er the hospit	tal's na	me,
5			the benefit of a college or	university	ounced as							
	section 17	'0(b)(1)(A)(iv). (Cor	mplete Part II )	university	owned or	operated	by a gover	nmental u	unit desc	ribed in		
6			rnment or governmental u	nit deserib	nod in	4700						
7 X	An organiza	ation that normally	receives a substantial par	t of ite ou	poort from	ion 170(b	)(1)(A)(v).					
	section 170	0(b)(1)(A)(vi). (Con	nplete Part II.)	it of its su	pport from	a governr	mental unit	or from the	he gener	al public des	scribed	lin
8	A communit	ty trust described	in section 170(b)(1)(A)(vi)	(Comple	to Part II.)							
9	An organiza	tion that normally	receives: (1) more than 33	3 1/3% of	ite eupport	from con-	Auffaceat					
	activities rel	ated to its exempt	t functions - subject to cer	tain excer	ntions and	(2) no mo	tributions,	members	nip fees,	and gross r	eceipts	s from
	income and	unrelated busines	ss taxable income (less se	ction 511	tax) from h	(2) 110 1110	ne man 33	1/3% 011	its suppo	ort from gros	s inves	stment
	See section	509(a)(2). (Comp	lete Part III.)		tany month b	usii 163563	acquired	by the org	ganizatio	n after June	30, 19	75.
10	An organiza	tion organized and	d operated exclusively to t	est for pu	blic safety.	See sect	ion 500/a)	(4)				
11	An organiza	tion organized and	operated exclusively for	the benefi	it of, to perf	form the f	unctions o	f orto on	rny out th	o purposes		
	more public	y supported organ	lizations described in sec	tion 509(a	(1) or secti	on 509(a)	(2). See se	ection 500	1/2//3/ C	hack the he	or one	or
	GOOGINGOO III	ic type of supporti	ing organization and comp	olete lines	11e throug	h 11h.	(=). 000 30	cuon sos	(a)(3). C	neck the bo	x that	
	a Type	b	Type II c	Type III - F	unctionally	integrato	d	d Tv	pe III - N	on-functiona	Illy into	aratad
e	By checking	this box, I certify	that the organization is no	t controlle	ed directly	or indirect	ly by one	ar more di		4		
	Touridation i	nariagers and office	or more public	ly suppor	ted organiz	ations de	scribed in	section 50	09(a)(1) o	r section 50	9(a)(2)	211
f	ii are organiz	cation received a v	written determination from	the IRS th	hat it is a Ty	me I Tyn	all or Two	111 0			٥(١١/١٤).	
	supporting o	rganization, check	k this box									
g	omoo ragas	17, 2000, 1145 111	e organization accepted a	iny gift or	contribution	n from an	v of the fol	lowing ne	renne?	***************	*********	. —
	(i) A perso	in who directly or i	ndirectly controls, either a	lone or to	gether with	nersons	described	in (ii) and	ZIII balan	v,	Yes	No
	(ii) A family	eming body of the	supported organization?				*************	************		11g(i)		
	ful	monibol of a pers	sour described in (i) Spove	ſ								
h	()	oritioned criticly of	a person described in (i)	or (II) abov	ve?					11g(iii)		
ш	Flovide the f	ollowing information	on about the supported or	ganization	n(s).							
(1) Nome					Colonia de la co							
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the	organization	(v) Did yo	u notify the	(vi) Is organizati	s the	(vii) Amount	t of mor	netary
orga	nzauon		above or IRC section		isted in your document?		tion in col.	(i) organiz	zed in the	The second second second	port	
			(see instructions))	Yes	No	11		U.S	-			
				res	NO	Yes	No	Yes	No			
												-
				100								
		R. P. S. C. P.	BOOK PROVINCES OF	EBZ:ED	USA DE	III SHUMAN	estera com	E SVENE E	10:20:00			
otal									DI THE			
HA For Pa	perwork Red	luction Act Notice	e, see the Instructions fo	or				Cabada	A /F	n 000 or 000	19-10-1	
		CARLO CONTROL PROPERTY OF THE PARTY OF THE P						achedula	A /Larm	m 000 == 00/	1 -71 4	2010

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 Healthy Weight Commitment Foundation 27-0832603 Page 2

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

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

Se	ection A. Public Support			,			
Ca	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(+D 0011	1 1 1 1 1 1 1	
	Gifts, grants, contributions, and	127	(6) 2000	(0)2010	(d) 2011	(e) 2012	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")		15790043.	1013112.	5749669	2407224	26050157
2	Tax revenues levied for the organ-			10101114	3743000.	3497334	20050157
	ization's benefit and either paid to						
	or expended on its behalf		Laborator St.		F 27 LIS		
3	The value of services or facilities						
	furnished by a governmental unit to				1000		
	the organization without charge						
4	Total. Add lines 1 through 3		15790043.	1013112.	5749668.	2407224	26050155
	The portion of total contributions			TOTOTIZ.	3749000.	3497334	26050157
	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)						14676205
6	Public support. Subtract line 5 from line 4.						14676385.
Se	ction B. Total Support				THE REAL PROPERTY AND ADDRESS OF	med villa para la la como de la c	11373772.
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(a) 2012	(D.T-1-1
7	Amounts from line 4		15790043.	1013112.	5749668.	(e) 2012	(f) Total 26050157.
8	Gross income from interest,			TOTOTTE.	3743000.	3437334.	20050157.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		176.	682.	2,286.	1,366.	4 510
9	Net income from unrelated business			0021	2,200.	1,300.	4,510.
	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.)				235.	842.	1 077
	Total support. Add lines 7 through 10	THE RANGE OF					1,077. 26055744.
12	Gross receipts from related activities,	etc. (see instruction	ons)		ATTEMPT - 1000	10	20055744.
13	First five years. If the Form 990 is for	the organization's	first, second, third	fourth or fifth tax	( Vear as a section	E01(a)(2)	
	organization, check this box and ston	here			- 7		▶□
14	Public support percentage for 2012 (lin	ne 6, column (f) di	vided by line 11, co	lumn (f))		14	43.65 %
15	Public support percentage from 2011	Schedule A, Part I	II, line 14			15	44 41 04
lba	33 1/3% support test - 2012. If the or	rganization did not	t check the box on	line 13, and line 14	4 is 33 1/3% or mo	ore, check this bo	x and
	stop here. The organization qualifies a	is a publicly suppo	orted organization	***************************************	********	***************************************	<b>▶</b> X
D	oo 1/5/0 support test - 2011. If the of	rganization did not	t check a box on lin	e 13 or 16a and li	ne 15 is 33 1/30%	or more abook the	is box
7-	and stop here. The organization qualif	ies as a publicly s	upported organizat	ion		***************************************	
7 4	10/0 -lacts-and-circumstances test	- 2012. If the orga	anization did not ch	eck a box on line 1	13 16a or 16h ar	od line 1/1 is 100/	25 22 22 2
	and if the organization meets the "facts	s-and-circumstanc	es" test, check this	box and stop her	re. Explain in Part	IV how the organi	zation
	rieets trie lacts-and-circumstances" to	est. The organizat	ion qualifies as a pu	ublicly supported a	organization		
D	10% -lacts-and-circumstances test	- 2011. If the orga	inization did not che	eck a box on line 1	3, 16a, 16b, or 17	a and line 15 is 1	0% or
	more, and if the organization meets the	a "facts-and-circun	nstances" test, che	ck this box and et	on here Evolain is	Dort IV/ how the	
Ω	organization meets the "facts-and-circu	imstances" test. T	he organization qui	alifies as a publicly	supported organ	ization	<b>▶</b> □
0	Private foundation, If the organization	aid not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box and	d see instructions	
					School	ule A /Form 990	- 000 EZ) 0040

COPY

# Schedule A (Form 990 or 990-EZ) 2012 | 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

	ction A. Public Support	Was also be a second					
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</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 organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		the East of City of the		ES REGULARY		
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6					1	(1)
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's	first, second, third	d, fourth, or fifth tax	x year as a secti	on 501(c)(3) organiza	ation,
iec	tion C. Computation of Public	Support De-	nonte				
6	Public support percentage for 2012 (line	o, column (t) div	riaea by line 13, co	olumn (f))		15	9
ec	Public support percentage from 2011 Settion D. Computation of Investr	ment Income	Percentage			16	9
				101 (0)			
8	Investment income percentage for 2012 Investment income percentage from 20	11 Schedule A	art III. line 17	e 13, column (f))		17	9
9a :	33 1/3% support tests - 2012. If the org	nanization did no	of check the box of	n line 14, and line	1E is more than	18	9
	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly or	ipported ergo-	oo 1/5%, and line 17	is not
b	33 1/3% support tests - 2011. If the org	panization did no	t check a boy on	ine 14 or line 10s	and line 16 is -	ore then 22 1/20/	
-	line 18 is not more than 33 1/3%, check	this boy and at-	n here. The eres	vization avolutes	and line to is m	ore trian 33 1/3%, a	na -
0	Private foundation. If the organization of	fid not check a b	ov on line 14, 10-	or 10h abant 4	a publicly supp	orted organization	
	12-04-12	not officer a D	0x 011 iii 0 14, 19a	or 190, check this		nedule A (Form 990	or 990-EZ) 201
				7.6			

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Healthy Weight Commitment Foundation 27-0832603 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 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)



Employer identification number

### Healthy Weight Commitment Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	27-0832603
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>\$</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$\$	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 325,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### Healthy Weight Commitment Foundation

(a)	(b)	1.	
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$_	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11 .		\$175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$250,000.	Person X Payroll

Employer identification number

### Healthy Weight Commitment Foundation

27-0832603

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed	7-0032003
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	<u> </u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 12-21-12			OPY

U	Weight Commitment F Exclusively religious, charitable, etc., inc ear. Complete columns (a) through (e) and he total of exclusively religious, charitable, Use duplicate copies of Part III if addition (b) Purpose of gift	etc. contributions of \$1 000 or less for the	27-0832603  (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enter this information once.)  (d) Description of how gift is held
(a) No.	Jse duplicate copies of Part III if addition	etc., contributions of \$1,000 or less for the nal space is needed.	year. (Enter this information once.) > \$
from			(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	
	and ess, and		Relationship of transferor to transferee
			PARW

### 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. 2012
Open to Public Inspection

Name of the organization

1thy Weight Commitment Foundation Employer identification number 27-0832603

D	art   Organizations Maintaining Donor Advised Funds or Other Similar Funds		2	7-0832	2603
	or Julian Funds of Advised Funds of Other Similar Funds or J	Acco	unts.	Complete if	the
_	organization answered "Yes" to Form 990, Part IV, line 6.				
4	Total number at end of years	(b) Fu	inds and	d other acc	ounts
2	Total number at end of year				
3	Aggregate contributions to (during year)				
4	Aggregate grants from (during year)				
5	Aggregate value at end of year				
3	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds			
6	are the organization's property, subject to the organization's exclusive legal control?		********	Yes	□ No
0	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 confe impermissible private benefit?	rring			
Pa	impermissible private benefit?  Conservation Fasements Complete if the executation to the conservation for the con			Yes	No
1	Complete if the organization answered "Yes" to Form 990. Part IV.	line 7			
	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)  Protection of natural habitat  Preservation of an historical				
		storic	structu	re	
2	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of the tax years.	nserv	ation ea	sement on	the last
	day of the tax year.				
-	Total number of concernation	300	Held at	the End of t	he Tax Year
b	Total number of conservation easements  Total acreage restricted by conservation easements	2a			
	Number of conservation easements	2b			
d	Number of conservation easements on a certified historic structure included in (a)	2c			
u	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure				
3	listed in the National Register	2d			
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	ization	n during	the tax	
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy reporting the project to conservation easement is located				
-	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring inspecting and enforcement		L	Yes	No
7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	ie yea	r 🏲 _		
8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ar 🕨	\$		_
-	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) and section 170(h)(4)(B)(ii)2	(i)		-	
9	and section 170(h)(4)(B)(ii)?		L	Yes	L No
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem include, if applicable, the text of the footnote to the expensional of the expensional of the footnote to the expensional of the footnote to the expensional of the footnote to the expensional of the expensi	ient, a	ind bala	nce sheet,	and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.				r
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	line!!	A	-1-	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ımııa	ar Ass	ets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	16.6		/u /u	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition, education, or research in furtherance of public exhibition.	d bala	nce she	et works of	fart,
	the text of the footnote to its financial statements that describes these items.	ublic	service,	provide, in	Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and battered under SFAS 116 (ASC 958).	lana.			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services to the end if the end is a service of public services to the end is a service of public services to the end is a service of public services to the end is a service of the end	lance	sheet w	orks of art,	historical
	relating to these items:	ice, p	rovide ti	he following	amounts
	(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, p	\$			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	rovide			
а	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X	\$			
		\$			
IA.		_			

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

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2012.02060 Healthy Weight Commitment F HWCF\_

Schedule D (Form 990) 2012

Sch	edule D (Form 990) 2012 Health	Weight Co	ommi	tment	Founda	tion		27-08	3326	03	Page
3	Using the organization's acquisition, acces	sion, and other reco	rds che	storical ock any of th	reasures	, or Ot	her Simil	lar Asse	ets(cor	tinue	d)
	(check all that apply):		40, 0110	on any or a	ie rollowing t	nat are a	significant	use of its	collect	ion ite	ems
8	Public exhibition		d	Loan or ex	xchange prog	arame					
t	Scholarly research		e	Other	normango proj	granis					
C	Preservation for future generations										
4	Provide a description of the organization's	collections and expla	ain how	they further	the organize	ation's av	rompt purp	oca in D-	→ VIII		
5	builing the year, and the organization solicit	or receive donations	of art.	historical tre	aggurge or of	thor cimil	ar aganta		rt XIII.		
	to be sold to raise funds rather than to be r	naintained as part of	the ora	anization's	Capitanilan				٦,,	г	٦
Pa	reported an amount on Form 990, P	ngements. Comp	lete if th	e organizat	ion answered	d "Yes" t	o Form 990	), Part IV,	Yes	or	No
	Is the organization an agent, trustee, custo	art A, IIIIe 21.									
	on Form 990, Part X?	dian of other interme	ulary loi	CONTRIBUTIO	ons or other a	assets no	ot included		7	_	_
b	on Form 990, Part X?  If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing	tobles		*********			Yes	_	No
	, at the	and complete the h	Jilowing	table:							
C	Beginning balance								Amou	nt	
d	Beginning balance Additions during the year						1c				
е	Additions during the year Distributions during the year		*********				1d				
f	Distributions during the year Ending balance		*******				1e				
2a	Ending balance  Did the organization include an amount on F	orm 990 Part V line	010				1f		1		_
b	If "Yes," explain the arrangement in Part XIII	Check hore if the a	1211						Yes	_	No
Pa	rt V Endowment Funds. Complete	if the organization or	xpianati	on has been	n provided in	Part XIII					
		(a) Current year									
1a	Beginning of year balance	(a) Current year	(b) F	Prior year	(c) Two year	ars back	(d) Three y	ears back	(e) For	ir years	s back
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grante or echolombine										
0	Grants or scholarships Other expenditures for facilities										
е											
	and programs										
-	Administrative expenses										
_	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	and administe	ered for t	he organiza	ation			
	Dy:									Yes	No
	(i) unrelated organizations								3a(i)	,	140
	(ii) Telated Organizations								3a(ii)		
~	in 100 to oalin, are the related organizations	listed as required of	n Sched	ule R?					3b		
+	Describe in Part XIII the intended uses of the	organization's endo	wment fi	unds			***************************************				
aı	, Jan	ent. See Form 990,	Part X,	line 10.							
	Description of property	(a) Cost or ot basis (investm	1717	(b) Cost basis			ccumulated preciation	(	(d) Bool	k value	Э
a	Land					and the Party of t		100			
-	Duildings										
b	buildings										
b	Buildings										_
b	Leasehold improvements										
b c d	Leasehold improvements Equipment Other			15	5,269.		155,26	0			0.

Schedule D (Form 990) 2012



Part VII Investments - Other Securities. See  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation: Cost or end-of-year market value
) Financial derivatives	(-)	(o) Modified of Valid	dation. Cost of end-or-year market value
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<b>发展的形式</b>	
art VIII Investments - Program Related. See (a) Description of investment type	Form 990, Part X, line		
13.43	(b) Book value	(c) Method of valu	uation: Cost or end-of-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets. See Form 990, Part X, line 15		AND DESCRIPTION OF THE PARTY OF	
	scription		(b) Book value
(1)			(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(0)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 18	5.)	,	<b>&gt;</b>
art X Other Liabilities. See Form 990, Part X, line (a) Description of liability			
(1) Federal income taxes		b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
0)		100	
1)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 25	.)		
7	The state of the s		tements that reports the organization's

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per F	Retur	0832603 Page
1	Total revenue, gains, and other support per audited financial statements			1	3,539,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		************************	-	5,555,544
а	Net unrealized gains on investments	2a			
b	bonated services and use of facilities	2h	40,000.		
C	Recoveries of prior year grants	20		158	
d	Other (Describe in Part XIII.)	24		100	
е	Add lines 2a through 2d			2e	40,000
3	ossisted mio 26 non mio 1			3	3,499,542
4	randario included of Form 550, Part VIII, line 12, but not on line 1:		***************************************	THE R	0/400/044
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		100	
b	Other (Describe in Part XIII.)	4h			
C	Add lines 4a and 4b			4c	0
	Total fortilide. Add lines 3 and 4c. (This must equal Form 990) Part I line 121				2 400 = 40
Pai	reconciliation of Expenses per Audited Financial State	ements With	Fynenses ner	Retu	rn
1	Total expenses and losses per audited financial statements			1	6,810,509
2	Arrounts included on line 1 but not on Form 990, Part IX, line 25:				0/010/303
a	Donated services and use of facilities	2a	40,000.	1 Art	
b	Prior year adjustments	2b			
С	Other losses	20			
d	Other (Describe in Part XIII.)	2d		1987	
е	Add lines 2a through 2d	22 IN-1112-		2e	40,000.
3	Subtract line 2e from line 1			3	6,770,509.
	randants included on Form 990, Part IX, line 25, but not on line 1:			1500	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		IL.	
C	Add lines 4a and 4b			4c	0.
Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line 19)	***************************************		5	6,770,509.
·	CXIII Supplemental Information				
omp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, lines 3d and 4b, and Part XII, lines 3d and 4b, and Part XIII lines 3d and 4b, and A	rt III, lines 1a an	d 4; Part IV, lines 1b	and 2	b: Part V. line 4: Part
, 11110	2, Fait Al, illies 20 and 4b, and Part XII, lines 2d and 4b. Also complete this part	t to provide any	additional lafa		
ar	t X, Line 2: HWCF reviews and assesses a	all activ	vities annu	all	v to
ae	ntify any changes in the scope of the ac	tivities	and rever	iue	sources
na	the tax treatment thereof to identify a	ny uncer	tain tax p	osi	tions.
WC	F did not identify any uncertain tax pos	itions r	equiring r	eco	gnition or
IS	closure in its financial statements.				

Schedule D (Form 990) 2012



(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.

2012

Open to Public Inspection

Name of th	Name of the organization  Healthy W	Healthy Weight Commitment		Foundation				Employer identification number
Part I	General Information on Grants and Assistance	and Assistance	1					0000000
1 Does	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	to substantiate th	ne amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
	criteria used to award the grants or assistance?	stance?					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	X Yes
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	itoring the use of grant	funds in the United	d 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.	Governments ar \$5,000. Part II car	nd Organizations in the	e United States. C ional space is need	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
1 (a) N	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
Girl Scot of Americ	Girl Scouts of the United States of America - 420 Fifth Avenue - New York, NY 10018-2798	13-1624016	501(c)(3)	250,000.	,0			Funding for the creation of customized booklets that focus on a healthy, active lifestyle.
Dupont E 300 s. 18 Hopewell	Dupont Elementary School 300 S. 18th Avenue Hopewell, VA 23860	54-6001358	public school	15,000.	15,000,	000.Fair value	Sports equipment	Winning school of the "Healthy Playground Sports equipment Makeover Sweepstakes"
Speake School 6559 County R Danville, AL	Speake School 6559 County Road 81 Danville, AL 35619	63-6000963	public school	15,000.	15,000.	15,000,Fair value	Winning s"Healthy Sports equipment Makeover	Winning school of the "Healthy Playground Makeover Sweepstakes"
Myrtle Bandyrtle Bandyrtle Be	Myrtle Beach Intermediate School 3301 N. Oak Street Myrtle Beach, SC 29577	57-6000364	public school	15,000,	15,000.	000. Fair value	Winning "Healthy Sports equipment Makeover	- CU
St. Philip the Ap 1233 Holtz Avenue Addison, IL 60101	St. Philip the Apostle 1233 Holtz Avenue Addison, IL 60101	36-2580030	501(c)(3)-group 0928	0928 0.	10,000.	Fair value	Winning Winning "Healthy Sports equipment Makeover	Winning school of the "Healthy Playground Makeover Sweepstakes"
Green Fields Cou 6000 N. Camino d Tucson, AZ 85741	Green Fields Country Day School 6000 N. Camino de la Teirra Tucson, AZ 85741	86-0192719	501(c)(3)	0	10,000.	10,000, Fair value	Winning "Healthy "Healthy Sports equipment Makeover	Winning school of the "Healthy Playground Makeover Sweepstakes"
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	and government or	rganizations listed in th	e line 1 table				

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

12-16-12 COPY

Schedule I (Form 990) (2012)

27-0832603

Page 1

Schedule I (Form 990) Healthy Weight Commitment Foundation

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
Tates Creek Blementary School 1113 Center Parkway Lexington, KY 40517	61-6001059	public school	5,000.	,0			Winning school of the "Healthy Playground Makeover Sweepstakes"
The Classical Academies 2950 Bear Valley Pkwy Escondido, CA 92025	33-0857665	501(c)(3)	*0	2,000,3	000, Fair value	Sports equipment	Winning school of the "Healthy Playground Sports equipment Makeover Sweepstakes"
Hearthstone Charter School 2280 6th Street Oroville, CA 95965	94-6002433	public school	5,000,	,0			Winning school of the "Healthy Playground Makeover Sweepstakes"



Schedule I (Form 990)

27-0832603

Page 2

Healthy Weight Commitment Foundation

Schedule I (Form 990) (2012)

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.

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

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

Line 2: Contributions, other than the sports equipment Part I, Schedule I,

a mission are made to organizations who have donations to various schools,

or particular project that directly aligns with HWCF's mission and after

the organization has been vetted by HWCF.

a planned of The donation of sports equipment to winning schools is part

by funded Inc. and initiative being run by HWCF and Discovery Education,

Recommended winning schools were fully vetted prior Sports Authority, Inc.

to the distribution of the merchandise, some of which was provided in the form of a gift card for the school to purchase the particular playground

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Schedule I (Form 990) (2012)

Schedule I (Form 990) Part IV Supplemental In	Healthy formation	Weight	Commitment	Foundation	27-0832603 Page 2
equipment it most					
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			KKELLE		
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#### SCHEDULE J (Form 990)

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

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Healthy Weight Commitment Foundation
Part I Questions Regarding Compensation

Employer identification number 27-0832603

			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a p			15.0
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding	A CONTRACT OF THE PARTY OF THE		100
		r residence for personal use		
		ss use of personal residence	12.77	EAL
		dues or initiation fees		THE STATE OF
	Discretionary spending account Personal services (e.g.	g., maid, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regar	rding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part	III to explain 1b		
2		ed by all officers, directors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compens			
0	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by			
	establish compensation of the CEO/Executive Director, but explain in Part III.	y a related organization to		植展
				E B
				100
	X Independent compensation consultant  X Compensation survey			10.14
	X Approval by the board	d or compensation committee		
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:			100
a	a Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each it	em in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5		ue any compensation		
	contingent on the revenues of:	as any somponouson		
а	a The organization?	5a	N Decoupling	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		1000	HORSE IN
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accru	ie any compensation		Title 1
	contingent on the net earnings of:	any componitation		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	5.44	ESTO	H TOTAL
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			X
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describ			X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure des			24
	Pagulations section 53 4059.6(a)?	ochbed in		

Schedule J (Form 990) 2012

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

Schedule J (Form 990) 2012

Healthy Weight Commitment Foundation

27-0832603

Page 2

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). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	reported as deferred in prior Form 990
(1) Lisa Gable	(3)	334,78	82,500.	6,000.	0.	28,173.	451,460.	0
President	(1)	0	0.	0.		0.		0
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	0							
	(ii)							
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Schedule J (Form 990) 2012

#### 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,

2012
Open to Public Inspection

Name of the organization

Healthy Weight Commitment Foundation

Employer identification number 27-0832603

Form 990, Part III, Line 1, Description of Organization Mission:

together retailers, food and beverage manufacturers, restaurants,

sporting goods and insurance companies, trade associations and

non-governmental organizations and professional sports organizations to

promote ways to help people achieve a healthy weight through energy

balance - calories in and calories out.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Evidence-based research was the foundation of a two-year strategic

relationship between HWCF and the Healthy Schools Partnership (HSP).

The partnership was comprised of three national organizations: The

American Council on Fitness and Nutrition, the Academy of Nutrition and

Dietetics and PE4life. Building on the lessons learned from HSP, we are

sponsoring a 2 year research program in a partnership with the Academy

of Nutrition and Dietetics, Playworks, and UC Berkeley (Atkins Center

for Weight and Health) to evaluate the impact of a comprehensive

school-based energy balance program.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Healthy Weight Commitment Foundation manufacturing member companies are

pursuing their calorie-reduction goals by developing and introducing

lower-calorie options, changing recipes where possible to lower the

calorie content of current products, or reducing portion sizes of

existing single-serve products. They will continue to meet the

consumers' needs for taste, convenience and value.

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

Schedule O (Form 990 or 990-EZ) (2012)

Form 990, Part III, Line 4d, Other Program Services:

Workplace program: At the end of 2011, the HWCF Board of Directors

transitioned workplace wellness programs out of the HWCF portfolio and

is focusing efforts through the existing relationship with the National

Business Group on Health. Tools such as the service locator on the

Your Wellness Advantage site were incorporated into the Together Counts

site that HWCF supports.

Expenses \$ 27,061. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 6: HWCF has two classes of members - participating members and associate members.

Participating membership is open to any firm, organization, partnership, corporation or limited liability company which has a principal place of business in the United States and which supports the purposes of HWCF.

Participating members provide financial support to HWCF and have the right to vote on HWCF matters.

Associate membership is open to any firm, organization, partnership, corporation, or limited liabilty company which supports the purposes of HWCF. Associate members are not required to provide any financial support to HWCF and have no right to vote on HWCF matters.

Form 990, Part VI, Section A, line 7a: The governing body of HWCF is its

Executive Committee and the Board is an advisory board. Members of the

Executive Committee shall be elected at the annual meeting of the Executive

Committee and will serve for a one-year term.

Healthy Weight Commitment Foundation

Employer identification number 27-0832603

or merger, the Executive Committee is the sole governing body of HWCF.

Dissolution and merger considerations would be brought before the full

Board for approval.

Form 990, Part VI, Section B, line 11: HWCF's Federal Form 990 is reviewed by its CFO and its President. Such review takes place upon receipt of the draft Form 990 received from the independent public accounting firm who conducts the financial statement audit of HWCF. The review involves comparison of financial data in the Form 990 with the audited financial statements and review of all narrative information for accuracy and completeness. Once approved by management, a copy of the Form 990 is provided to the Audit Committee and to all members of the Executive Committee, HWCF's governing body.

Form 990, Part VI, Section B, Line 12c: Full disclosure of all actual and potential conflicts are required through the annual conflict of interest disclosure form which all board members are asked to complete annually and /or whenever a conflict arises. The Executive Committee determines what action is appropriate, if any.

Form 990, Part VI, Section B, Line 15: The compensation committee of the Board of Directors annually determines and approves the total compensation package of HWCF's President based on comparable data. The results of a recent formal salary survey from 2011 are also considered. The decision is formally documented.

The President establishes the salary for all employees of HWCF with board approval through the budget process. Compensation is based upon comparable

data and is contemporaneously documented.

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Schedule O (Form 990 or 990-EZ) (2012)



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(D) - Asset disposed