Form **990**

Return of Organization Exempt From Income Tax

CMB No. 1545-0047

Under section 501(c), 527, or 4947(c)(1) of the internal Revenue Code (except black lung benefit trust or private (oundation) Department of the Transpay manization may have to use a copy of this return to eatlefy state reporting requirements.

	XX reprised					10.0		
<u>A</u> _	For the	2012 cale	ndar year, or tax year beginning [14/01] . 2012, end	ending	03	/31	, 20 13	
В	Check if	obbicopie:	C Name of organization Rally Foundation, inc.		D Employer (dentification number			
	Address C	change	Doing Business As Children's Cancer Research and Family Assistant	ntion	20-1950849			
_	Name che	_	Number and street for P.O. box if mail is not delivered to street address)	ı	8 Telephor	e number		
	initial retu	-	5775 Glenridge Drive, Building B	Sulto	370		404-847-1270	
╗	Tenninata	ed	City, sown or post office, state, and ZEP code					
Ħ.	Amended		Sandy Springs, GA 30329			G Gross re	ccipts S	1,779,640
Ħ			P Name and address of principal officer:		HES BOS A	المحرية بالمحرور	for attitution? 🔲 Yes	☑ No
_	· dobration		, <u> </u>				ictudad? 🔲 Yos	
1	You over	not stebes	② 601(cd(5) □ 601(cd () < (6046ct no.) □ 4947(cd(1) or □	527	11.46	o,° anach d	list. (see tratructio	ms)
	Websites		w.ralivfoundation.org		Hitel Grove	execution	namber 🕨	
				of larmatics			of legal domicite:	GA
	Grill I	Sumn					, , , , , , , , , , , , , , , , , , , 	
			escribe the organization's mission or most significant activities:					
			undation, a 601(c)(3) non-profit organization, empoyers volunteers ac	wareness		reineman	nd beer assesses	
8	[·	POLY FOR	innation, a sufficient form or sale and the forms for a series	oldo offor	to and 14M	accepte of	ithae	
8		lot carro	nood cancer research to find better treatments with fewer long-term s	enta ainer	12 4 III, III	matory, c		*********
	l		Notes and the second se			2662 2	Ma dat access	****
ğ			nia box > If the organization discontinued its operations or disp	DOS GO OI	HOTO GISS		in ther property	44
8			of voting members of the governing body (Part VI, line 1a)			3		<u> 11</u>
1			of independent voting members of the governing body (Part VI. II		• • • •	4		
Activities & Governanco			mber of individuals employed in calendar year 2012 (Part V, line 2	2B) .		5		8
5			mber of volunteers (estimate if nacessary)			<u></u>		3,760
_			related business revenue from Part VIII, column (C), line 12			7a		0
	b	Net unre	dated business taxable income from Form 990-T, line 34		<u></u>	7b		<u> </u>
	,			<u> </u>	Prior Y	DØ7	Current Y	
•	В	Contribu	itions and grants (Part VIII, line 1h)	· · L		1,515,208		1,505,310
Ē	9		n service revenue (Pert VIII, line 2g)	\cdots L		0	<u> </u>	0
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		3,102		1,987
×	11	Other re	venue (Part Vill, column (A), lines 5, 6d, 8c, 8c, 10c, and 11e)	٠ . [(185,524)		(194,853)
	12	Total rev	renue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		1,352,785		1,312,844
_	13	Grante i	and similar amounts paid (Part IX, column (A), lines 1-3)	$\cdot \cdot $		770,423		1,005,327
	14	Benefits	paid to or for mambers (Part IX, column (A), line 4)	Г		0		0
25	15		other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	***	151,893		167,929
Expenses			onal fundralsing fees (Part IX, column (A), line 11e)	🗀		0		0
夏			ndraising expenses (Part IX, column (0), line 25) >	o 🎏			1000	
習	17		(penses (Part IX, column (A), lines 11a-11d, 11f-24e)	Pa	AND LEASE OF THE SAME	118,725		140,118
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · -		1,041,001		<u>1,313,376</u>
	19		e less expenses. Subtrect line 18 from line 12	· ⊢		311.785		(731)
		Ligher IIV	B 1000 Experience, Calcuract this 10 from the 12		eliming of Ci		End of Y	
Angled		Total	colo (Dest V. Han 44)	F		947,898		901,289
趠	20		sets (Part X, line 16)	` . ⊢		493 443		447,584
ij	21 22		billities (Part X, line 26)	· · -		70070		
	art il		ets or fund belances. Subtrect line 21 from line 20	• • • •	······································	454,436	<u> </u>	453,705
					****	the best of		A batted is to
UI In	reer pens	tres er per	july, I decipre that I have examined this return, including accompanying actectules o plete, Declaration of prapager (other than officer) is based on all information of which	occorne, j ener antreum	ran farak kara ka i	indoe.	my reconstructor an	O DOWN, WE
_		T				0/	2/2013	
Q:		 	asture of officer		<u></u>	_O//\	21000-	······
	gn gn					200		
416	ere		the or print rame and title				~~	•
_			ype preparer's name Preparer's cignature	Date	<u> </u>	7	C . (PTIN	
P	eid 💮	-TUNC!	The helvon water.		-	Check self-em		
PI	epare				1		أحداسا	
Use Only First camp > First Est > Phase no.								
_	ik - 4		addition by the second charge should fore instructional		[170	case no.	Пу	s [No
M	ay une li	NO CIBCU	se this return with the preparer shown above? (ese instructions)		• • • •	· · · · · · · · · · · · · · · · · · ·	<u> </u>	000 0040

orm 99	D (2012)	aga 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
•	Rally Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds	
	for childhood cancer research to find better treatments with fewer long-term side effects and, ultimately, cures.	

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No.
	If "Yes," describe these new services on Schedule O.	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 964,560 including grants of \$ 956,081) (Revenue \$) Raily Foundation Research Grants Program:	
	Raily Foundation supports all phases of childhood cancer research from science at the bench (very early research) to	
	Phase I, II, and III clinical trials including targeted therapies, DNA studies and survivorship studies. Rally Foundation	
	is also excited to help fund the collaborative research of more than 5,000 physicians, scientists and nurses at 200	
	hospitals nationwide. These physicians and nurses treat more than 90% of the children in the US with cancer. Eighty percent of these children are enrolled in clinical trials. Rally gives research grants once a year, during the fourth quarter	
	of its fiscal year - January through March. In fiscal year 2012-2013, Raily Foundation gave away more than \$1 million	******
	funding 45 such grants, bringing it's total grants to over \$4,000,000 supporting 116 research projects over the past 7 years.	

4b	(Code:) (Expenses \$1 including grants of \$0) (Revenue \$)	
	Raily Foundation Public Education and Awareness: Raily Foundation has educated more than 400,000 people on the need for childhood cancer research and has engaged	******
	approximately 3,750 volunteers. In 2012, Rally had over 20 million media impressions. Most of Rally's Public Education	
	and Awareness Programs are grassroots efforts to inform the public about the need for childhood cancer research.	

4c	(Code:) (Expenses \$ 49,248 including grants of \$ 49,246) (Revenue \$)	
	Raily Foundation Family Emergency Fund:	
	Rally Foundation has established a resource for parents whose children are currently going through treatment	
	for cancer and need additional help with financial responsibilities.	

4d	Other program services (Describe in Schedule O.) (Expenses \$	
40	Total program service expenses ► 1,033,777	
	Form \$90	וכוחמי

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

Part I			-	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	The state of the s	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O .	38	1	0 (20

Form 990 (2012)

rait				
	Check if Schedule O contains a response to any question in this Part V	· · ·		<u>. L</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b		-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
•	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		-
	Statements filed for the calendar year anding with as within the year assessed by the			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-1		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	V	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	<u> </u>	/
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1.2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		:	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		• • •	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			1
•				
12a	against amounts due or received from them.)	40-		
.22 b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 1 1	
~	Note. See the instructions for additional information the organization must report on Schedule O.	130		<u> </u>
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part		ee ins	tructi	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10		2	f ·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		_
Ь	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	✓	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1, 11 2, 11 2, 11	
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b		15b	1	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a		1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	l	<u> </u>
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Schedule O			
17 18	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest į	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	е	
	organization: ► Christi Kruse, 5775 Glenridge Drive, Bldg. B, Suite 370, Sandy Springs, GA 30328 404-847-1270 or 6			

Form **990** (2012)

Form	000	mne	ሜ

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

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

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

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

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

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

Check this cox if neither the organization no	it ally relate	l orga	<u> </u>		3)	niibei	130	led any curren	it ontosi, director	, or austee.			
(A) Name and Title	(8) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)			(do not check more than one erage box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividue or direct	Institutional trustee	Officer	Kay employee	Highest compensated employed	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) Dean Crowe - Founder & CEO	45	/		1				120,975	0	0			
(2) Christi Kruse - Treasurer	15	1						13,113	0	0			
(3) Peggy Fulghum - Chair	5	1						0	0	0			
(4) Carole Anne Orsborn - Secretary	5	1						0	0	0			
(5) Reid Crowe - Co-founder	5	/						0	0	0			
(6) Blaine Hess - Vice-president	5	1						0	0	0			
(7) Joy Posthauer - Vice-president	5	1						0	0	0			
(8) Kevin Isakson - Vice-president	5	1						0	0	0			
(9) Larry Deist - Vice-president	5	1						0	0	0			
(10) Todd Ewing - Vice-president	5	1						0	0	0			
(11) Scott Givens - Vice-president	5	1	_						0	Q			
(12)													
(13)		<u> </u>		L									
(14)		1											

Pa	rt VII Section A. Officers, Directors, Trus	toos Koy E	male				12-6-						Page
	rt VII Section A. Officers, Directors, Trus	lees, Ney E	inbio	yee:	s, a	na i C)	Higne	st C	compensated E	mployees (conti	nued)		
	(A) Name and title	(B) Average hours per	box.	unles	Pos leck	sition mer	e than is bot tor/trus	h an	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimate	_
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor on ar	other mpensati from the ganizati nd relate ganizatio	tion e ion ed
(15)							-						
(16)					_								
(17)													
(18)													
(19)				\dashv		_							
(20)				\dashv							_		
(21)				1	-	-							
(22)						\dashv							
(23)				-	\dashv	_							
(24)				+	-	-		_					
(25)			_	4	_	\dashv		_			-		
1b	Sub-total					[>	124 000	_			
C	Total from continuation sheets to Part		ı A					•	134,088	0			<u>0</u> 0
<u>d</u>	Total (add lines 1b and 1c)					ed a	. I) wh	134.088	0	n of		0
	reportable compensation from the organiz	ation ► 1									J OI		
3	Did the organization list any former offi	icer, directo	or, or	tru	ste	e, k	ey e	mpl	oyee, or highe	est compensate	d 📑	Yes	No
4	employee on line 1a? If "Yes," complete S							•			3		1
•	For any individual listed on line 1a, is the organization and related organizations of individual	sum of reported that	ortabl n \$15	ie co 50,0	omp 00?	oen: • If	satior "Yes	an ." c	other compe complete Sche	ensation from the Edule J for sucl	e h		
5	Did any person listed on line 1a receive or	accrue cor	npens	satio	on f	rom	any	unre	elated organiza	· · · · · ·	4		/
Section	for services rendered to the organization? on B. Independent Contractors	ii res, co	mpie	ie S	спе	aui	e J to	r su	ich person .	· · · · ·	5	<u></u>	1
1	Complete this table for your five highest or compensation from the organization. Repoyear.	ompensated ort compens	d inde	eper for	the	nt c	ontra lenda	ctor r ye	rs that received ear ending with	or within the org	0,000 o ganizati	f on's t	ax
	(A) Name and business addre	ess	<u>.</u>						(B) Description of ser	vices	(C) Compen		
							-				., _		
2	Total number of independent contractors	s (including	but	nol	lin	nite	d to	tho	se listed abov	ve) who			
	received more than \$100,000 of compensa	tion from th	ie org	aniz	atio	on 🕨	•		0				

	art VI		venue					Page S
		Check if Schedule		esponse to any q	uestion in this Pa (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax
Contributions, Gifts, Grants	S 1:	. oddrated carripaly	_	1a 94,4	169	revenue		under sections 512, 513, or 514
ō		- mannagionip dags	• • • •	1b	0			
ifts i		- anding crongs	· · · · <u> </u>	1c 998,2	25	•		
0 1		- Thated organizatio	ns	1d	0			
ë ë	, i	Government grants (c. All other contributions,	ontributions)	1e	0			
<u> </u>		and similar amounts not	أيفان المتناف مساف					
<u> </u>	5			1f 412,6				
Ö	h		ibueu in lines 1a-11.	: S 154,2	32			
	1	Totali Nod intes Ta-	-11	Business Code	1,505,31	10		
en (2a	l		Business Code	<u>-</u>			
æ	Ь		**************					
į.	C	***************************************	••••••••					
Š	d	***************************************						
Ē	е	***************************************	•••	•				
Program Service Revenue	f	All other program se	rvice revenue			 		
<u> </u>	g	Total. Add lines 2a-	2f				<u> </u>	
	3	Investment income	(including div	vidends, interest				
		and other similar am	ounts)		1	_		· -
	4	Income from investmen	nt of tax-exempt	bond proceeds	1,98	' 		1,987
	5	Royalties	· _ · · · ·			 	 	
			(i) Real	(ii) Personal	 	 	-	
	6a	Gross rents						
	Ь	Less: rental expenses			1			
	С	Rental income or (loss)			┪			
	_d	Net rental income or	(loss)		7			
	7a	Gross amount from sales of	(i) Securities	(ii) Other			ing an area reported to	*** * *
		assets other than inventory			1			
	Ь	Less: cost or other basis			1			
		and sales expenses .						
	C	Gain or (loss) .						
	d	Net gain or (loss) .		· · · · >	<u></u>			
e l	8a	Cross income to					2 7 2 7 7	:
5	O.	Gross income from fu events (not including \$	-					
ě		of contributions reporte	998,225					
7		See Part IV, line 18						
Other Revenue	ь	Less: direct expenses		272,343				
١	c	Net income or (loss) fr	rom fundaciais	466,996				
1	9a	Gross income from ga	ming activities	events . >	(194,653)			(194,653)
			· · · · · · · · · · · · · · · · · · ·					
- 1	ь	Less: direct expenses	t					
- 1	C	Net income or (loss) fr	om gaming act	livities				
	10a	Gross sales of inv	ventory, less					
		returns and allowance	s _a					
- [ь	Less: cost of goods so	old E				1	
L	C	Net income or (loss) from	om sales of inv	entory >				
L		Miscellaneous Re	venue	Business Code	en jar			
	11a				*	· -		
	Ь.							
	C.		***************************************					
j		All other revenue .						
	е [:] 12	Total. Add lines 11a-1 Total revenue. See ins	1d	 >			+	
		i utai revenue. See ins	Tructione		1,312,644			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con

	Check if Schedule O contains a recommendation	mplete ali columns. A	VI other organization	ons must complete	column (A)
		ise to any question			
Do I	''''''''''''''''''''''''''''''''''''''	(A)			<u> </u>
8b, :	9b, and 10b of Part VIII.	Total expenses	(B) Program service	(C)	(D)
1			expenses	Management and general expenses	Fundraising
•	Grants and other assistance to governments and			guita expenses	expenses
	organizations in the United States. See Part IV, line 21	956,081			
2	Grants and other assistance to individuals in	330,0811	956,081		
	the United States. See Part IV, line 22	İ			
3	Conto and all	49,246	49,246		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
	United States. See Part IV, lines 15 and 16				In the second of
4	5 6 4			<u> </u>	
5	Componentian of assessment of				
J	Compensation of current officers, directors,				
	trustees, and key employees	65,248			
6	Compensation not included above, to disqualified	03,2481	63,384	1,864	<u></u>
	persons (as defined under section 4958(f)(1)) and				
	Dersons described in section 4930(I)(II) and	j			
_	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	87,036	50.440		
8	Pension plan accruals and contributions (include 1)	07,036	53,443	21,377	12,216
	section 401(k) and 403(b) employer contributions)	ŀ			
9	Other and ready employer continuutions)	2,069	1,803	185	
_	Other employee benefits	378	264		<u> </u>
10	Payroll taxes	13,198		76	
11	Fees for services (non-employees):	13,130	9,238	2,640	1,320
а	Management				
_	i and		_		
b	Legal				
С	Accounting	17,645	** ***		
d	Lobbying	17,043	12,352	3,529	1,764
е	Professional fundraising services. See Part IV, line 17				
f	Investment many services. See Part IV, line 17				
'	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	24 222	[
12	Advertising and promotion	31,990	21,528	464	9,998
13					
		25,788	16,588	3,140	
14	Information technology	4,795	4.057		6,060
15	Royalties	1,7,00	4,037	0	738
16	Occupancy				
17	Travel				
18	Travel	7,370	6,808	0	560
10	Payments of travel or entertainment expenses				562
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings .				
20		3,276	3,043	01	233
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,508	2.455		
23	Insurance		2,455	702	351
24		4,538	3,176	908	454
	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.)				en e
	Supplies				<u></u>
		21,300	13,617	0	7,683
b	Printing	19,909	290	0	
_					19,619
đ					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
<u>26</u>	Joint costs Complete 45: "	1,313,375	1,217,373	34,885	61,117
2U '	Joint costs. Complete this line only if the organization reported in column (B) joint costs			2 ., 555	01,117
	from a combined educational campaign and				
	Sundraising solicitation Check here				
1	following SOP 98-2 (ASC 958-720)				
		1			

985, r0e (Sr0S) 099 mp3	1 1/2	868,746					
453,705	_		_ '	• • •	• •	Total liabilities and net assets/fund balances	34
	E8	<u></u>		• • • •	• •	Security deserts of fund Dalances	33
	35		┙ .	spunj adto	me, o	ooni betanica edinings, endowment, accumulated inco	32
	_			bnuì i	nəmqi	IDDA ID 'DUDUDO 'DUBU IA (A) 1	31
Sala tile kilde	30		1 .	• • • •	• •		30
The second secon		المستعدد والمنتجد المعالم				complete lines 30 through 34.	اعلا
	+		Pus	k here ▶ 📋	cyec	Organizations that do not follow SFAS 117 (ASC 958)	
960'LE	59				• •		_
909,524	82				• •	01000m total ====	58
003 661	72	359,323	·				28
					.45	Dus 65 Serin Line (52 neugh 25, and in 85 33 and	72
<u> </u>			pue	✓ Jeret >	cuecı	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	
\$85,7AA	56	Z97,E64			•	CS nguonin 11 sam ob 1 sources 111 (1920 oct 1	_
	25		- ·			• • • • • • • • • • • • • • • • • • • •	SE
			ar X	r compiete Pa	h7-11	of Schedule D	
	1		paius	Delaiel of es	HUBYB	parties, and other liabilities not included on lines	- 1
	54		-	Sanue	d nama	Other liabilities (including federal income tax, p	5
	23		⊣ .	. Sames .	mn pa	Unsecured notes and loans payable to unrelated	S
	22		┥ .	ooitee b	idt he	Secured mortgages and notes payable to unrelate	z
			pue	'cooloidii	7 8	disqualified persons. Complete Part II of Schedul	2
				emolovees	hate:	SUBJUINE COMPENS.	
	12		—	anib anolitic	, yem	toans and binet payables to current and to	z i
	20	 	-} . '	of Schedule L	VI 715	Escrow or custodial account liability. Complete P	
	61		┥ .		• •	Tax-exempt bond liabilities	
435,00		450,500	┥ .		• •	9 Deferred revenue	
12,58	41	Z96,SA	┥.		• •	g Grants payable	- 1
901,28	91	868,746				. Voccours payable and accrued expenses	- 1
	46	008 276	- `	(48	enil l	Total assets. Add lines 1 through 15 (must equa	
			-	• • • • •		15 Other assets. See Part IV, line 11	
	14		_ `		• •	Intangible assets	
	13		┙ .		. 11	ALIII 'ALIUR I SOCIOSIONI AMBERIA	- 1
	15		_ `		. 1	BUIL ALVIPA SEC CONTIDOS TOMO	
LL'L	11	00:10:		<u>· · · · · · · · · · · · · · · · · · · </u>	• •	Samurase pappy frommer	- 1
	30r	EST,OT	111,11		10P	b Less: accumulated depreciation	٠
			988,81		103	D 1 622. Scottismilator of architecture in according D	
39'61			1			other basis. Complete Part VI of Schedule D	
19 1/1	6	171,01	7 .		·'	10a Land, buildings, and equipment: cost or	.
	8		7 .			9 Prepaid expenses and deferred charges	
	4		1			8 Inventories for sale or use	<u> </u>
	9		7 ,		7 2100-	7 Notes and loans receivable, net	Assets
			(Ligiciary	uchiokes neu	i alube	organizations (see instructions). Complete Part II of Scho	1 5
			ers and	runnnug embloy	ווט טעני	which (e)(a)(b) to a moint of the control of the co	
			section	a defined under	sons (a	4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring pressures of sections (4)(1).	1
	9		┪	, , , , ,		Loans and other receivables from other disqualified per-	
			oyees.	idus nome	· ·	Complete Part II of Schedule L	
			יטיפסיט,	nsaled amo	а о шо	J ISBUDIU DIIP 'caaloidus (a. (a	
	b		1 32,538	t Officere div	forms	5 Loans and other receivables from current and	
1		20,52	┨		. •	4 Accounts receivable, net	
803,9		50'629	1		•	s riedges and grants receivable, net	
0'44		267,739	1		•	2 Savings and temporary cash investments	
	- '		<u> </u>		• •	Cash—non-interest-bearing	
בווס סו 1697							4
(B) End of year		(A) Beginning of year					_

Ρ	art XI Reconciliation of Net Assets				1
_	Uneck if Schedule O contains				Page 1
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)				. [7
3		1		12	12,64
4	nevenue less expenses Subtract line at	2			13,37
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments	3	(13,375 (731)
6	Net unrealized gains (losses) on investments Donated services and use of facilities	4			54,436
7	Donated services and use of facilities	5			37,430
8	Investment expenses	6		14	15,131
9	Prior period adjustments Other changes in net assets or fund halances (explain in 0)	7			0,13
10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 0 (much to combine lines 3)	8			0
•••	Net assets or fund balances (explain in Schedule O) 33, column (B)) Net assets or fund balances (explain in Schedule O) 33, column (B))	9		(145	5 <u>.131</u>)
Par	t XII Financial O				<u>,, 13 1)</u>
	33, column (B)) . t XII Financial Statements and Reporting Check if School 1-9	10		45	3,705
	Check it Schedule O contains a response to any question in this Bod VIII				3,703
1	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>			
	Accounting method used to prepare the Form 990: Cash Accrual Other				No
	If the organization changed its method of accounting from a prior year or checked "Other," exp.			1 1	
2a	Were the propriesting to a supplied to the checked "Other," exp	ain in	1 .	1 1	
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the very reviewed on a separate basis.				
	reviewed on a sopport to indicate whether the financial statements for the		2a	1 1.	1
	The supplied basis, consolidated basis or both.	ed or			<u>-</u>
b					
_	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited. Separate basis, consolidated basis, or both:		2b		
	separate basis, consolidated basis, or both:	on a		- -	
·	of the audit reviews 2b, does the organization have a committee that account		1 1		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overally the organization of its financial statements and selection of an independent	sight		•	
	of the audit, review, or compilation of its financial statements and selection of an independent accountable of the organization changed either its oversight process or selection process during the second of the organization changed either its oversight process or selection process during the second of the organization changed either its oversight process or selection process during the organization of the organization changed either its oversight process or selection process during the organization of the organization of the organization have a committee that assumes responsibility for oversight the organization of the organization organ	int?	2c	1	
	The state of the s			* -	
 	the Single Audit Act and OMB Circular A-133? f "Yes," did the organization undergo the required and the organization undergo an audit or audits as set for	h in		- 1	
			3a	1,	,
	equired audit or audits, explain why in Schedule O and describe any other and	the		-+*	
	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	s	3ь	- 1	
				90 (201	