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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

	nal Revenue		► The organization may have to use a copy of this return to satisfy sta	ate report	ing requireme	er <b>4</b> s	Inspection							
A	For the 2	012 cale	ndar year, or tax year beginning 04/01 , 2012, and e	ending	03/31		, 20 13							
В	Check if ap	plicable	C Name of organization Rally Foundation, Inc.		DE	mploye	er identification number							
	Address ch	nange	Doing Business As Children's Cancer Research and Family Assistance	Foundat	tion		20-1950849							
	Name char	nge	Number and street (or P O box if mail is not delivered to street address)	om/suite	EΤ	elephon	e number							
	Initial return	ր	5775 Glenridge Drive, Building B	Suite 3	370		404-847-1270							
	Terminated	,	City, town or post office, state, and ZIP code											
	Amended r	eturn	Sandy Springs, GA 30328		G	G Gross receipts \$ 1,779,640								
	Application	pending	F Name and address of principal officer		H(a) Is this a grou	p retum f	or affiliates? 🔲 Yes 🗹 No							
					H(b) Are all affi									
1	Tax-exemp		√ 501(c)(3)	527	If "No," a	attach a	list (see instructions)							
<u>J</u>	Website:		v rallyfoundation org		H(c) Group exe									
_			✓ Corporation Trust Association Other ► L Year of t	formation	2005 N	/ State	of legal domicile GA							
۲		Summ												
	1		scribe the organization's mission or most significant activities:											
Se	1		lly Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds											
ш	IC	or chilan	ood cancer research to find better treatments with fewer long-term sid	e effects	and, uitimai	tely, cu	ıres							
Governance	2 G	hock th	is box ▶ ☐ if the organization discontinued its operations or dispos	end of m	ore than 25	0/2 of i	te not accote							
Ĝ	1		of voting members of the governing body (Part VI, line 1a)	seu oi iii	IOIE Man 23	3								
•ර ග	1		of independent voting members of the governing body (Part VI, line	 e 1h)		4	<u> </u>							
Ē	1		nber of individuals employed in calendar year 2012 (Part V, line 2a)	•		5	8							
Activities &	1		nber of volunteers (estimate if necessary)	,	•	6	3,750							
ď	1		elated business revenue from Part VIII, column (C), line 12			7a	0,700							
	b N	let unrel	ated business taxable income from Form 990-T, line 34			7b	0							
Revenue					Prior Year	'	Current Year							
	8 C	Contribut	gions and grants (Part VIII, line 1h)	1,51	5,208	1,505,310								
	9 P	rogram	service revenue (Part VIII, line 2g)		0	0								
ě	10 Ir	rvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,102	1,987								
<u>—</u>	11 C	ther rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		(165	5,524)	(194,653)							
	12 T	otal reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	1,35	2,786	1,312,644							
	<b>13</b> G	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		77	0,423	1,005,327							
	1		paid to or for members (Part IX, column (A), line 4)	·		0	0							
es	<b>15</b> S		other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	15	1,853	167,929							
Expenses	16a P		anal fundraising fees (Part IX, column (A), line 11e) .	ļ		0	0							
×	b T		draising expenses (Part IX, column (D), line 25)	0										
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			8,725	140,119							
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ק ├		1,001	1,313,375							
		evenue	less expenses Subtract line 18 from line 12 CEIVED .	- Barn	31 nning of Curren	1,785	End of Year							
ts or	20 T	ممم امغم	ets (Part X, line 16)	3 -		-								
Asse Bala	20 T 21 T		els (Part X, line 16)	51 <b>├</b> ─		7,898	901,289							
Net Assets o Fund Balance	22 1		ets (Part X, line 16)	21 <u> </u>	-	3,462	447,584							
	art II		ture Block		45	4,436	453,705							
_				d statement	te, and to the h	oet of n	ny knowledge and belief, it is							
			ete Declaration of preparer (other than officer) is based on all information of which pr				ry knowledge and belief, it is							
		1	hist Karry											
Sig	an	Sign	ature of officer		Date									
He			Krist Kruse Treasurer			8/	12/13							
		Type	or print name and title			<del>"/ /</del>	1110							
Pa	nid '	Print/Ty	pe preparer's name Preparer's signature	Date	1,	Check [	of PTIN							
	eparer					self-emp								
	eparer se Only	Firm's n	ame ▶		Firm's E	EIN ►								
_	o Only		ddress ►		Phone									
Ma	y the IRS		s this return with the preparer shown above? (see instructions) .			<u> </u>	Yes No							
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form <b>990</b> (2012)							





	0 (2012)	Page 2
Part		
1	Check if Schedule O contains a response to any question in this Part III	· · . 니_
•	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?	<b>☑</b> No
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 mea	sured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4-	(O-d-	
4a	(Code ) (Expenses \$ 964,560 including grants of \$ 956,081 ) (Revenue \$	)
	Rally Foundation Research Grants Program: Rally 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, Rally 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 \$ 19,971 including grants of \$ 0 ) (Revenue \$	)
	Rally Foundation Public Education and Awareness:	. <b></b> .
	Rally 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 \$ 49,246 including grants of \$ 49,246 ) (Revenue \$	)
	Rally 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.	
		·
- A -J	Other program convece (Decembe in School de O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1,033,777	

Part	Checklist of Required Schedules			-3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
^	complete Schedule A	1	<b>√</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	<b>~</b>	-
_	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		1
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		1
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? <i>If</i> "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, VIII, IX, or X as applicable	10		<b>V</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	<del> </del>		
-	complete Schedule D, Part VI	11a	✓	
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		<b>V</b>	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		<b>✓</b>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	<del> </del>	<b>/</b>
	The state of the s	,	1	1 7

Form 99	0 (2012)			Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
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	Yes	No
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
	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		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
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.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		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		<b>✓</b>
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	29	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		1
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,			
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	<b>√</b>	<b>✓</b>
			- 000	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
rait	Check if Schedule O contains a response to any question in this Part V		_	. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	,		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ا شاتسسا	
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a  4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	<u> </u>
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 2	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		-
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		ļ
70	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			<u> </u>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b	1. 57.7	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		مذ ثب
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5	<b>  •</b>	1
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	74.5	. 8.4	(3.7)
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\ \int \
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	× 1.		*
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			مندد
•	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	f	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<del> </del>
10	Section 501(c)(7) organizations. Enter:	30	<del>                                     </del>	
а	Initiation fees and capital contributions included on Part VIII, line 12	. 1	:	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1, "	
11	Section 501(c)(12) organizations. Enter:		1 "	1,4
а	Gross income from members or shareholders	╛		1.
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	\$ 50. 35.	i.
	against amounts due or received from them.)	3°, 3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
р	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>-</b>   ,,	] ;	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	* *	<del> </del>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	-
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	( ·	1	
U	the organization is licensed to issue qualified health plans	, , ,	.,	13.
С	Enter the amount of reserves on hand	۱, ۱	r 13	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		†

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins		
Secti	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 11			Γ-
	If there are material differences in voting rights among members of the governing body, or			١,
	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	4,		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	٠		'
	any other officer, director, trustee, or key employee?	2	<b>/</b>	
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		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			Ė
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<b>V</b>
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	1	
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	Je Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	i		
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	
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,	
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	33	Line Co	A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ا	3,42	٠-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			sr-s
	organization's exempt status with respect to such arrangements?	16b		Ľ.
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O			_ <del>-</del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records			
	organization ► Christi Kruse, 5775 Glenridge Drive, Bldg B, Suite 370, Sandy Springs, GA 30328 404-847-1270 or 67			
				(2012)

Form	aan	(2012)	
-orm	990	120 (2)	

# 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 relate	d orga	anız			ompe	ensa	ated any currer	t officer, director	r, or trustee.	
				•	C)						
(A)	(B)		- 4 - 1		ition			(D)	(E)	(F)	
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	2 5	=	Го	<u>~</u>	QΙ	T	from	related	other	
	related	흑	왉	Officer	ey	평화	Former	the organization	organizations (W-2/1099-MiSC)	compensation from the	
	organizations	중투	₹	4	Ę	yet o	ਕੁ	(W-2/1099-MISC)		organization	
	below dotted	9 =	교		Key employee	wind				and related	
	line)	Individual trustee or director	Institutional trustee		%	pen				organizations	
		Ō	tee			Highest compensated employee					
					-						_
(1) Dean Crowe - Founder & CEO	45	}									
		✓		1				120,975	0		0
(2) Christi Kruse - Treasurer	15			]							
(0)		✓						13,113	0	-	0
(3) Peggy Fulghum - Chair	5										
(4)		✓		-		-	ļ	0	0		0
(4) Carole Anne Orsborn - Secretary	5	1						_			_
(5) Reid Crowe - Co-founder	5	<b>V</b>					-	0	0		0
(O) Reid Clowe - Co-louidei		1			l			o	o		0
(6) Blaine Hess - Vice-president	5			İ		-	<del>                                     </del>				×
		1						o	0		0
(7) Joy Posthauer - Vice-president	5										_
		✓						0	0		0
(8) Kevin Isakson - Vice-president	5										_
		1						0	0	<del>_</del>	0
(9) Larry Deist - Vice-president	5				C.						
		✓				<u>L</u>	<u> </u>	0	0	<u> </u>	0
(10) Todd Ewing - Vice-president	5										
		1					ļ	0	0		0
(11) Scott Givens - Vice-president	5						-				
		✓		_	ļ	<u></u>	L	0	0		0
(12)						ł					
(4.0)		<b> </b>		<u> </u>	-		-				_
(13)											
(14)		<del> </del>	<del> </del>	-	1	<del> </del>	┼				-
Y.7									-		

Part	Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average	(do n	ot ch	Pos eck	c) ition more	than c	one	(D) Reportable	(E)		(F) Estimated		
		hours per week (list any hours for related organizations below dotted line)	office Individua				bot with Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	from ns	amount of other compensation from the organization and related organizations		
(15)														
(16)			-											
<u>(17)</u>							-							
(18)														
(19)														
(20)														
(21)														
(22)														
(23)												<del></del>		
(24)														
(25)												·		
1b c	Sub-total		 .n Δ	•			<u></u>	<b>&gt;</b>	134,088		0	0		
d	Total (add lines 1b and 1c)	<u> </u>						<u> </u>	134,088		0			
2	Total number of individuals (including bur reportable compensation from the organ		d to th	nose	lıst	ed	above	e) w	ho received m	ore than \$1	00,00	O of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compe	nsate	Yes No		
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividua 	d 5 √		
	on B. Independent Contractors										<b>A</b> 40	2000 (		
1	Complete this table for your five highest compensation from the organization Rej year.	•												
	(A) Name and business add	dress	-						(B) Description of s	services		(C) Compensation		
2	Total number of independent contractor received more than \$100,000 of compen							th	nose listed ab	ove) who	· §			

Par	VIII	Statement of Reve				tion of the Deat V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
!		Check if Schedule O	contains a	respo	nse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns		1a	94,469				
ira Du	ь			1b	0				
å, G	С	Fundraising events .		1c	998,225				
ar /	d	Related organizations		1d	0				
S, C	е	Government grants (con		1e	0				
ē s	f	All other contributions, g							
the Et		and similar amounts not inc	cluded above	1f	412,616	,			
들유	g	Noncash contributions include	ded in lines 1a	-1f \$	154,232				'
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f	•	▶	1,505,310			
				Business Code					
ven	2a					ĺ			
	b								
ice	С								
Žen	d								
Ē	е				-				
g	f	All other program ser							
<u> </u>	g	Total. Add lines 2a-2							
	3	Investment income		divide	ends, interest,				
Other Revenue Program Service Revenue		and other similar amo	ounts)		▶	1,987			1,987
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds ►				
	5	Royalties			▶				
			(ı) Real		(II) Personal		* *		
	6a	Gross rents .							
	b	Less rental expenses					,	* * *	
	С	Rental income or (loss)					* * .		
	d	Net rental income or (	}/		<u></u> . <b>&gt;</b>				
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other				
		assets other than inventory					-		Ť
	b	Less cost or other basis							
		and sales expenses .				ĺ			
	С	Gain or (loss)		_		· .			
	d	Net gain or (loss)			▶				
Φ	_					į			
2	8a	Gross income from fu	ındraısıng					ĺ	
Other Revenue Program Service Revenue		events (not including \$	998,2				•		
		of contributions reporte	ed on line 1	c) <b>.</b>					
	_	See Part IV, line 18 .		· a	272,343				
	1	Less direct expenses		. b	466,996				
		Net income or (loss) fi			events . ►	(194,653)	<u>,*,,,</u>		(194,653)
	9а	Gross income from ga	-						,
	_	·	•	а					,
	b	Less direct expenses		. b					
	10-	Net income or (loss) for			vities . ▶		<del></del>		
	Tua	Gross sales of in							,
				· a					
	b	Less: cost of goods s		. b			~		
	<u>C</u>	Net income or (loss) f		or inve			<del> </del>		<del></del>
	44	Miscellaneous R	evenuė		Business Code				
	11a	••••							
	b								
	С	Att att							<u> </u>
	d	All other revenue .		•					ļ
	e	Total. Add lines 11a- Total revenue. See in							
	12	Total revenue. See if	ISTUICTIONS		. •	1 312 6///		I	1 1 242 044

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	olumn (A)
<u></u>	Check if Schedule O contains a respon				· · · · · · <u> </u>
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	956,081	956,081		, , , , , , , , , , , , , , , , , , ,
2	Grants and other assistance to individuals in the United States See Part IV, line 22 .	49,246	49,246	, , ,	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			, , , , , , , , , , , , , , , , , , , ,	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65,248	63,384	1,864	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	00,210	33,037		
7 8	Other salaries and wages .  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,036 2,069	53,443 1,803	21,377	12,216
9	Other employee benefits	378	264	76	
10	Payroll taxes	13,198	9,238	2,640	
11	Fees for services (non-employees)				
а	Management				
þ	Legal			· <del>_</del> -	
C C	Accounting	17,645	12,352	3,529	1,764
d e	Lobbying			3	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	31,990	21,528	464	9,998
12 13	Advertising and promotion Office expenses	25 700	16.500	2 1 4 0	6.000
14	Information technology	25,788 4,795	t	3,140	6,060
15	Royalties	4,733	4,037		730
16	Occupancy				
17	Travel	7,370	6,808	0	562
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,276	3,043	0	233
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	3,508 4,538		702	
24	Other expenses. Itemize expenses not covered	4,538	3,176	908	454
24	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	* 4	-		
	(A) amount, list line 24e expenses on Schedule O.)			., "	, ,
а	Supplies	21,300	13,617	0	7,683
b	Printing	19,909	<del></del> 1	0	
С					
d					
e	All other expenses			<del> </del>	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,313,375	1,217,373	34,885	61,117
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here life following SOP 98-2 (ASC 958-720)				

32

33

34

Form 990 (2012) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X. (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 267,398 74,803 2 Savings and temporary cash investments . . 2 639,056 803,919 3 Pledges and grants receivable, net 3 20,520 111 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Assets 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges Q 9 10,171 14,681 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 18,886 Less: accumulated depreciation 10b 11,111 10,753 10c 7,775 11 Investments - publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 947,898 16 901,289 Accounts payable and accrued expenses . . 17 17 42,962 12,584 18 Grants payable 18 450,500 435,000 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . 25 26 Total liabilities. Add lines 17 through 25 493,462 26 447,584 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . . 27 359,323 422,609 28 Temporarily restricted net assets . . . . . 28 95,113 31,096 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

453,705

901,289

32

33

34

454,436

947,898

-orm 99	00 (2012)			Pa	ıge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,31	2,644
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,31	3,375
3	Revenue less expenses Subtract line 2 from line 1	3			(731)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45	4,436
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6		14	15,131
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(14	5,131)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		45	3,705
rart	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	· · . · . ·		· ·	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," expected to the schedule O	olain in	``	res ,	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a		✓ × ×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	d on a	_ 4	٠,	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>√</b>	/
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın		,	e de la companya de l
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		<b>√</b>

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

3а

3b

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2012

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.

Open to Public

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

Inspection

Name of the organization Employer identification number Rally Foundation, Inc. 20-1950849 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization in col (i) listed in your (described on lines 1-9 organization in col support col (i) of your (i) organized in the US? above or IRC section governing document? support? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E) Total

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

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

<u>Secti</u>	on A. Public Support						
Calen	dar 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")	687,263	945,172	1,357,942	1,682,493	1,801,541	6,474,411
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge .	0	0	0	0	o	0
4	Total. Add lines 1 through 3 .	687,263	945,172	1,357,942	1,682,493	1,801,541	6,474,411
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						240.050
6	Public support. Subtract line 5 from line 4						310,256 6,164,155
Secti	on B. Total Support		······································				0,101,100
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 .	687,263	945,172	1,357,942	1,682,493	1,801,541	6,474,411
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,192	7,411	5,669	3,102	1,987	25,361
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						6,499,772
12	Gross receipts from related activities, etc.	-	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth	-		n 501(c)(3) · ▶ □
	on C. Computation of Public Suppor			4 1 (0)			
14 15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch		-	1, column (t))		15	94 84 %
16a	331/3% support test—2012. If the organization			on line 13, and	 I line 14 is 331		93 87 % neck this
	box and stop here. The organization qua						▶ ☑
b	331/3% support test-2011. If the organicheck this box and stop here. The organi					15 is 33 <sup>1</sup> / <sub>3</sub> %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization men Part IV how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che	eck this box an	id <b>stop here.</b> E	xplaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	ion meets the	"facts-and-ci	rcumstances"	test, check th	is box and ste	op here.
18	Private foundation. If the organization di instructions	d not check a l	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see · ▶ □

### SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number Rally Foundation, Inc. 20-1950849 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. 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)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 . ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X

Page 2
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Part	III Organizations Maintaining Co	llections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (cor	ntınued)
3	Using the organization's acquisition, acceleration items (check all that apply):								
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	rams		
b	☐ Scholarly research		е	☐ Other	•				
c	☐ Preservation for future generations								
4	Provide a description of the organization' XIII	s collections a	and expl	ain how t	hey further t	the org	janization's exe	mpt purpo	se in Part
5	During the year, did the organization soluassets to be sold to raise funds rather that	cit or receive n to be mainta	donation	is of art, part of the	historical tre e organizatio	easure on's co	s, or other simi	lar	s 🗆 No
Part	IV Escrow and Custodial Arrange	ements. Co	mplete i	f the org					
	line 9, or reported an amount or								
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							_	s 🗌 No
b	If "Yes," explain the arrangement in Part X	(III and comple	ete the fo	ollowing ta	able.			Amount	
С	Beginning balance					10		_	
d	Additions during the year					10			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or				•				s 🗌 No
	If "Yes," explain the arrangement in Part X								
Par									
	<u> </u>	) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years ba	ck (e) Four	ears back
1a									<del></del>
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c	current year er	nd balanc	e (line 1g	, column (a)	) held	as	I <u></u> -	
а	Board designated or quasi-endowment			_					
b	Permanent endowment ▶ 9	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sh	nould equal 10	00%						
3a	Are there endowment funds not in the po	ssession of th	ne organi	zation tha	at are held a	and ad	ministered for t	he	
	organization by							,	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ons listed as r	equired o	on Sched	ule R? .			. 3b	
4	Describe in Part XIII the intended uses of	the organization	on's end	owment fi	unds.				
Part	VI Land, Buildings, and Equipme	nt. See Forn	n 990, P	art X, lın	e 10.				
	Description of property	(a) Cost or of (investment)		1 ' '	or other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								<del></del>
С	Leasehold improvements								
d	Equipment				18,886		11,111		7,775
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part .	X, columr	n (B), line 10	(c) )	▶		7,775

Part VII	Investments—Other Securities	s. See Form 990, Part	X, line 12.	
(a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	I derivatives			<del></del>
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)	<del></del>			
(F)				
(G)		-		
(H)				
(I)				
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Relate	d. See Form 990, Part	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)			Cost of the of year me	inct value
(2)	<u> </u>	<del></del>		
(3)			-	
(4)				
(5)				
_(6)				
(7)				
(8)		<u> </u>		
(9)		<del></del>		
(10)	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	art X line 15		
		(a) Description		(b) Book value
(1)				
_(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				<del></del>
(8)				
(9)				
(10)				<del></del>
	mn (b) must equal Form 990, Part X, c			
Part X	Other Liabilities. See Form 990	i- ·		
1. (1) Fodovol	(a) Description of liability	(b) Book value		/··
(2)	income taxes			
(3)				
(4)		<del> </del>	— /*· · · · · · · · · · · · · · · · · · ·	` * /
(5)		<del> </del>	*	
(6)				
(7)		<u> </u>		*
(8)				* `
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col (B) line 25 ) ►	1	***	
Lability for the	C 740) Footnote. In Part XIII, provide the	text of the footnote to the	organization's financial statements that r	eports the organization's
naonity for ur	ncertain tax positions under FIN 48 (ASC	HU). Check here if the text	or the roothore has been provided in Pa	rt XIII

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retur	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	1,803,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			; ~, ~	
а	Net unrealized gains on investments	2a		,",	
b	Donated services and use of facilities	2b	145,131	.*	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d	345,753	1	
е	Add lines 2a through 2d			2e	490,884
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,312,644
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		A	
b	Other (Describe in Part XIII )	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,312,644
Part			With Expenses pe	_	
1	Total expenses and losses per audited financial statements			1	1,804,259
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			;	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Donated services and use of facilities	2a	145,131	-G2 *	
b	Prior year adjustments	2b		1,22,1	
c	Other losses	2c		1.*. 1	
d	Other (Describe in Part XIII.)	2d	345,753	1 '	
e	Add lines 2a through 2d			2e	490,884
3	Subtract line 2e from line 1			3	1,313,375
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ι.			1,010,010
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII )	4b		1.5	
C	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	·	5	1,313,375
Part		- 1 - 7		1 91	1,313,373
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 7, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b action.				
Part X	I, Line 2d: Direct expenses of fundraising events 466,996				
	FMV of donated auction items (121,243)				
Part X	II, Line 2d: Direct expenses of fundraising events 466,996				
	FMV of donated auction items (121,243)				

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Rally F	oundation, Inc.						1950849
Pari	Fundraising Activities				vered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are		<del></del>	<del></del>		hankallahas anak.	<del></del>
1	Indicate whether the organization	on raised funds t					
a	✓ Mail solicitations				on of non-govern		
b	✓ Internet and email solicitation	ons			on of government	-	
C	☐ Phone solicitations		g Ŀ∕	J Special i	fundraising events	<b>3</b>	
d	In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forn					-	
b	If "Yes," list the ten highest par compensated at least \$5,000 b			draisers) pi	ursuant to agreem	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3	· · · · · · · · · · · · · · · · · · ·						
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organized registration or licensing	_	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
<b></b>							
		••••					
·			·	<b>.</b>		·	
·		•••					

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

		grood roddipto groater tha	40,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner/Auction	Party/Auction	11	(add col (a) through col (c))
		ļ	(event type)	(event type)	(total number)	
ne						
Revenue	1	Gross receipts	632,454	174,101	394,963	1,201,518
Re						
	2	Less Contributions	557,454	144,101	348,863	1,050,418
	3	Gross income (line 1 minus				
		line 2)	75,000	30,000	46,100	151,100
	4	Cash prizes	0	0	0	0
	_					
	5	Noncash prizes	0	0	0	0
SS		<b>—</b>				
nse	6	Rent/facility costs	20,627	20,959	24,224	65,810
ф	_					
Ü	7	Food and beverages	34,570	7,613	12,968	55,151
Direct Expenses	_	F-44				
₫	8	Entertainment	17,624	7,480	4,082	29,186
	9	Other direct expenses	45.005	15 225	20 722	67.022
	9	Other direct expenses	15,865	15,235	36,732	67,832
	10	Direct expense summary Ad	ld lines 4 through 9 in c	olumn (d)		( 217,979 )
	11	Net income summary. Comb	•			(66,879)
Pa	rt II				0. Part IV. line 19. or	
		than \$15,000 on Form 9			-, ,,,	
ω				(b) Pull tabs/instant	(a) Other games	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
œ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
ш t						
ē	4	Rent/facility costs				
	5	Other direct expenses .				
			☐ Yes%	☐ Yes%	☐ Yes%	,
	6	Volunteer labor	∐ No	∐ No		*
	۱ _					,
	7	Direct expense summary Ac	dd lines 2 through 5 in c	olumn (d)		)
		Net gaming income summar	v. Cambina lina 1. aaliir	mn d. and lina 7	_	
_	8	Net garning income summar	y. Combine line 1, colui	in u, and line 7	· · · · · · · · · · · · · · · · · · ·	
9		Enter the state(s) in which the or	raanization operator asi	mina activitios:		
-		s the organization licensed to o	-			. 🗌 Yes 🗌 No
		<del>-</del>				
	<b>b</b>					·
	-					
10	Ja [	Were any of the organization's g	aming licenses revoker	suspended or termina	ated during the tax vear	? . ☐ Yes ☐ No
		E W/a = 2 a ala. a.				
	~ '					
	-					

# SCHEDULE I (Form 990)

i

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 2012

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Pediatric Cancer Study (h) Purpose of grant or assistance Employer identification number √ Yes 20-1950849 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20,000 10,000 20,000 25,000 25,000 30,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 13-1924236 36-2170833 57-1098556 58-0566256 56-0532129 72-0423889 (p) EIN 2300 Children's Memorial Plaza (7) Emory University Medical Center (5) MUSC Children's Hospital (9) Duke University Medical Center (1) Memorial Sloan-Kettering 1 (a) Name and address of organization (8) Atlanta, GA 31193 (3) Children's Memorial Hospiotal (12) New Orleans, LA 70112 Avem NSC 558 1275 York Aenue, Box 701 1430 Tulane Ave., SL37 (11) Tulane University Charleston, SC 29425 New York, NY 10065 (10) Charlotte, NC 28260 Chicago, IL 60614 P.O. Box 935084 P.O. Box 602651 Rally Foundation, Inc. Name of the organization Cancer Center 135 Rutledge Box 220 Part II Part **3** N <u>N</u> 9

Schedule I (Form 990) (2012)

Cat No 50055P

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

# SCHEDULE I (Form 990)

1

(FOrm 390)
Government of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2012	Joen to Public
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**207** 

Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, °N □ Pediatric Cancer Study (h) Purpose of grant or assistance ✓ Yes 20-1950849 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40,000 40,000 40,000 50,000 50,000 40,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 13-5598093 52-0595110 36-2167817 63-6005396 58-1710601 17-4600111 (b) EIN Children's Healthcare of Atlanta Columbia University Medical Ctr 750 N.Lakeshore Dr., Rubloff, 7 (5) Northwestern University 630 West 168th Street, Box 49 1 (a) Name and address of organization 3400 North Charles Street MD Anderson Cancer Center Johns Hopkins Univsity 1515 Holcombe Blvd, Unit 87 Wyman Park Building W400 University of Alabama 1600 2nd Avenue South Birmingham, AL 35294 (1) University of Texas Baltimore, MD 21218 New York, NY 10032 (9) Aflac Cancer Center Houston, TX 77030 1687 Tullie Circle Atlanta, GA 30329 Chicago, IL 60611 Chicago Campus at Bırmıngham Rally Foundation, Inc. Part II **4** (12) 9 <u>8</u> E ව 8 <u>6</u>

Schedule I (Form 990) (2012)

Cat No 50055P

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# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Name of the organization							Employer identification number
Rally Foundation, Inc.							20-1950849
Part I General Information on Grants and Assist	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assista	(
	award the grants	or assistance?					· · · · · Ves
Desc	ization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		1
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Go	vernments and received more the	<b>Organizations i</b> ian \$5,000. Part l	n the United SI II can be duplica	t <b>ates.</b> Complete if ated if additional s	the organization ar space is needed.	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Leukemia/Lymphoma Society 1311 Mamaroneck Avenue	13-5644916		20,000				Pediatric Cancer Study
(2) White Plains, NY 10605							
(3) Seattle Children's Hospital 4800 Sand Point Way, CW8-5A	91-1156519		50,000				Pediatric Cancer Study
(4) Seattle, WA 98105							
(5) Baylor University P.O. Box 201361	74-1613878		75,000		:		Pediatric Cancer Study
(6) Houston, TX 77216-1361							
(7) Oregon Health and Science University	93-1176109		83,000				Pediatric Cancer Study
(8) 1121 SW Salmon Street Portland, OR 97205-2021							
(9) Vanderbilt University Cancer Center	62-0476822		95,000				Pediatric Cancer Study
(10) 2200 Children's Way Nashville, TN 37232							
(11) Children's Oncology Group 3501 Civic Center Blvd	45-3083156		100,000				Pediatric Cancer Study
(12) CTRB 10060 Philadelphia, PA 19104							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and gov organizations listed	ernment organization table	ions listed in the li	ne 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		S	Cat No 50055P		Schedule I (Form 990) (2012)

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB to Open	OMB No 1545-0047	2012	Open to Public Inspection
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Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ Pediatric Cancer Study (h) Purpose of grant or assistance Employer identification number 19 √ Yes 20-1950849 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . . . . . (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 100,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 04-2263040 (p) EIN 450 Brookline Avenue, BP 412 1 (a) Name and address of organization (1) Dana-Farber Cancer Institute Boston, MA 02215-5450 Rally Foundation, Inc. Name of the organization Part II ন (12) (3) **£** ত 9 ε 6 9 <u>@</u>

Schedule I (Form 990) (2012)

Cat No 50055P

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

Schedule I (Form 990) (2012)

necessary. Based on the LOI scores, full grant applications are requested Each full grant application is scored twice, three times if necessary. Grants are awarded according to the (f) Description of non-cash assistance mid-year report is received by Rally and the research is showing viable progress. Rally requires an end of the year report, or the grantee may apply for an additional year of funding. scores. If the grant is above \$10,000, half of the funds are released after the Rally Post-Award Agreement is signed by the grantee. The second half of the funds are released after a Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Rally Foundation has a competitive peer review process for Letters of Intent (LOIs) and full grant applications, utilizing Proposal Central. LOIs are scored by one reviewer, two if (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information. Part IV Part III N 4 ß ဖ က

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open To Public Inspection

Employer identification number

Rally Foundation, Inc. 20-1950849 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . 1 2 Art—Historical treasures 3 Art—Fractional interests Books and publications . . 4 5 Clothing and household goods . . . . . . 6 Cars and other vehicles . 7 Boats and planes . . 8 Intellectual property . 9 Securities-Publicly traded 10 Securities-Closely held stock 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures Qualified conservation 14 contribution-Other Real estate - Residential 15 16 Real estate—Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory . . 4 8,831 Fair Market Value 20 Drugs and medical supplies 21 Taxidermy Historical artifacts . . 22 23 Scientific specimens . 24 Archeological artifacts . . Other ► ( Custom Printing ) 25 16 19,438 Fair Market Value Other ► ( Airline Tickets ) 26 10 4,720 Fair Market Value 27 Other ► ( Misc Auction Items ) 328 121,243 Fair Market Value 28 Other ► ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Form 990) (2012)	
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
	number of items received, or a combination of both. Also complete this part for any additional information.
ines 19 ar	nd 25, Column (b) are number of contributions
ines 26 ar	nd 27, Column (b) are number of items contributed
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization Employer identification number Rally Foundation, Inc 20-1950849 Part VI, Line 2: Dean Crowe - Founder & CEO; Reid Crowe - Founder & Board of Directors Member; Relationship - Wife/Husband Part VI, Line 11a,b A copy of the 990 and Supporting Schedules was furnished to all Board members for review prior to the filing of the return Part VI, Line 12c: Each member of the Board of Directors has a copy of the Conflict of Interest Policy, and compliance with this policy is discussed annually at a Board of Directors meeting. There have been no conflicts of interest to date Part VI, Line 15a,b An independent study was done on the compensation of CEO's of similar organizations by members of the Rally Board Upon completion of this study, all members of the Board of Directors, except the CEO and her husband, met to discuss, decide, and vote on the appropriate compensation for the CEO A base salary was set, along with a tiered bonus structure based on annual revenue goals The process was properly documented in the minutes. There are no other members of the Board or employees who are materially compensated Part VI, Line 17. States with which a copy of this Form 990 is required to be filed: AL,AZ, CT, FL, GA, NH, NJ, NY, PA, SC, TN, UT, VA, WA Part VI, Line 19: Rally Foundation makes available to the public all governing documents, conflict of interest policy, and financial statements by having them available for review at the Rally office as well sending them to any interested parties either by mail or e-mail. Part XI, Line 9: Donated Services and Rent are excluded from both Total Revenue and Total Expenses Therefore, if the Donated Services and Rent are added to the beginning Net Assets or Fund Balances, they must also be subtracted to arrive at the ending Nets Assets or Fund Balances