OMB No. 1545-1150

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised lunds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must fite Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

			alendar year, or tax year beginning		and endin	g		
В	Check i applicat	f ple:	C Name of organization			D	Employe	r identification number
2	Addr	ess change						
	Nam	e change	THE RAINBIRD FOUNDATION, INC.					4573320
	Initia	return	Number and street (or P.O. box, if mall is not delivered to street address)		Ro	om/suite E	Telephor	ne number
	Term	inated	PO BOX 5482				608	-237-7220
	Ame	nded return	City or town, state or country, and ZIP + 4			F	Group Ex	kemption
	Applio	ation pending	MADISON, WI 53705-0482				Number	<b>&gt;</b>
G	Accou	nting Meth	od: X Cash Accrual Other (specify) ▶			H	Check	➤ X if the organization is not
L	Websi	te: 🕨 <u>W</u>	WW.RAINBIRDFOUNDATION.ORG				required	to attach Schedule B
1	Tax-ex	empt stati	us (check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\blacktriangleleft$ (insert no.)	49	147(a)(1) or [	527	(Form 99	90, 990-EZ, or 990-PF).
K	Check	ightharpoonup	if the organization is not a section 509(a)(3) supporting organization or a secti	on 527	organization	and its gro	ss receipt	s are normally not more than
	\$50,00	0. A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) n	ay be	required (see	instruction:	s). But if th	he organization chooses to file
	a retur	n, be sure	to file a complete return.					
L	Add Iir	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 of	more,	, or if total as	sets (Part II,	,	
	line 25		B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				🕨	
P	<u>art l</u>	Reve	enue, Expenses, and Changes in Net Assets or Fund	Bala	ances (see	the instruct	tions for P	art I)
	_	Check	if the organization used Schedule O to respond to any question in this Part I					X
	1		ions, gifts, grants, and similar amounts received					50,578.
	2		service revenue including government fees and contracts					
	3	Members	hip dues and assessments				3	
	4	Investme	nt income					
	5a	Gross am	ount from sale of assets other than inventory	5a				
	b	Less; cos	t or other basis and sales expenses	5b				
	£	Gain or (I	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)				<u>5c</u>	
	6		ind fundraising events					
ē	a	Gross inc	ome from gaming (attach Schedule G if greater than	,				
ĕ		\$15,000)		6a				
Revenue	Ь		ome from fundraising events (not including \$ 39,266.	of con	itributions		-	
_			traising events reported on line 1) (attach Schedule G if the sum of such				_	
			ome and contributions exceeds \$15,000)	6b		7,88		
	C		ct expenses from gaming and fundraising events	6c		13,24		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract lir	ne 6c)		<u>6d</u>	-5,361.
	7a		es of inventory, less returns and allowances	7a				
	b	Less: cos	t of goods sold	7b				
	G		offit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
	8	Other rev	enue (describe in Schedule O)	· · · · · · · · •			8	45.045
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					45,217.
	10		d similar amounts paid (list in Schedule O)					4,684.
	11		paid to or for members					20 000
Expenses	12		other compensation, and employee benefits					39,029.
ĕ	13		nal fees and other payments to independent contractors					649. 420.
Ä	14		cy, rent, utilities, and maintenance					<del>,</del>
	15		publications, postage, and shipping enses (describe in Schedule 0) SE:	 7 G				2,516.
	16 17						16	10,140. 57,438.
_	+		enses. Add lines 10 through 16				<u>17</u>	-12,221.
ets	18 19		(deficit) for the year (Subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, column (A))				18	14,441.
153	'3		ree with end-of-year figure reported on prior year's return)				19	27,939.
Net Assets	20.		and the second of the second o					27,939.
Z	21						<u>≥0</u>	15,718.
LH,	_		k Reduction Act Notice, see the separate instructions.	,,,			<del>-</del>   <u>- 1</u>	Form <b>990-EZ</b> (2012)

Pŧ	art II Balance Sheets (see the instructions for Part II	)						
	Check if the organization used Schedule O to re	espond to any questic	n in this Part II		<b>.</b>			🗀
		(4	A) Beginning of year			( <b>B</b> ) E	nd of ye	ar
22	Cash, savings, and investments		27,939	. 22			15	,718
23	· · · · · · · · · · · · · · · · · · ·			23				
24	Other assets (describe in Schedule 0)			24				
25	Total assets		27,939	. 25			15	718
26			0	. 26	_			0
27		) <u></u>	27,939	. 27	ļ		<u> 15</u>	718
Pa	art III Statement of Program Service Accomplishm				l (Da		penses	ion
	Check if the organization used Schedule O to re		n in this Part II	X			for sect and 501	
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	<u>U</u>					ns and	
	cribe the organization's program service accomplishments for each of its three largest progra ner, describe the services provided, the number of persons benefited, and other relevant info		s. In a clear and concise			others.		optional
28	SEE SCHEDULE O							
		•						
				_				
	(Grants \$ ) If this amount includes foreign				28a		24	<u>950</u>
	THE RAINBIRD FOUNDATION ORGANIZED	<del></del>						
	WALK IN WISCONSIN AND IOWA TO EDUC		, GENERAT	<u>E</u>				
	AWARENESS, AND PROMOTE THE END OF			$\overline{}$	_			
	(Grants \$ 4,684.) If this amount includes foreign	grants, check here			29a		4	684
30								
	/O		<b>&gt;</b>		000			
	(Grants \$ ) If this amount includes foreign				30a			
	Other program services (describe in Schedule O)  (Grants \$) If this amount includes foreign				31a			
20					+		20	631
32 <b>P</b> s	Total program service expenses (add lines 28a through 31a)			see the	32	ctions fo	29	634
32 <b>P</b> £	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees List each one s	ven if not compensated. (		32	ctions fo	29 or Part IV)	634
32 <b>P</b> a	Total program service expenses (add lines 28a through 31a)	Employees List each one a	oven if not compensated. (	<u> </u>	32 instru	ctions fo	or Part IV)	
32 <b>P</b> £	Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re	Employees List each one a espond to any questio (b) Average hours per week devoted to	ven if not compensated. (n in this Part IV	(d) He cont	32 e instru	enefits, ns to enefit	(e) Es	timated
32 <b>P</b> £	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees List each one a espond to any question (b) Average hours	ven if not compensated. ( n in this Part (\) (c) Reportable	(d) He cont empl plans,	32 e instru	enefits, ns to enefit eferred	(e) Es	timated
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HA CH PR	Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re  (a) Name and title  ANNA ROTH HIEF EXECUTIVE OFFICER	Employees List each one of espond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	32 e instru ealth be ributio dyee b	enefits, ns to enefit eferred ttion	(e) Es	atimated t of othe ensation
HA CH PR DI CR	Total program service expenses (add lines 28a through 31a)  art V List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANNA ROTH  HIEF EXECUTIVE OFFICER  RESTON AUSTIN  RECTOR OF STRATEGY  RAIG BROADBENT	Employees List each one of espond to any question  (b) Average hours per week devoted to position  1.00  1.00	ven if not compensated. (c) n in this Part IV (c) Reportable compensation (Forms W-2/1099-MiSC) (if not paid, enter -0-)  3,750.	(d) He cont empl plans,	32 e instru ealth be ributio dyee b	enefits, ns to enefit eferred tition	(e) Es	atimated t of other ensation
HA CH PR DI CR	Total program service expenses (add lines 28a through 31a)  art V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re  (a) Name and title  ANNA ROTH HIEF EXECUTIVE OFFICER RESTON AUSTIN RECTOR OF STRATEGY RAIG BROADBENT RECTOR OF BUSINESS AFFAIRS	Employees List each one a espond to any question  (b) Average hours per week devoted to position	ven if not compensated. (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	32 e instru ealth be ributio dyee b	enefits, ns to enefit eferred tion	(e) Es	atimated t of othe ensation
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

			163	110
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	١		٠,,
05 -	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	25-		
h	on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35a 35b	N/	X A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	990	11/	-
·	requirements during the year? If 'Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37Ь		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	36a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A		j '	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	_		}
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	}		
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_	organization   All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
G	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed <b>WI</b>	406		
	The organization's books are in care of ► HANNA ROTH  Telephone no. ► 608-23	37-7	220	
	Located at ▶ 3995 PLYMOUTH CIR, MADISON, WI ZIP+4 ▶ 5			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
€	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🟲	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			V	Na
44.	Did the creatization registain any depay advised funds during the year? If Non # Form 200 must be completed instead of		Yes	140
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes," Form 990 must be completed instead of			v
,	Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		<u>X</u>
ū	/F 000 F7	44b		х
	or Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776		4+
u	in-Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			- <del></del>
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-F7 (	(2012)

Form	1 990-EZ (2	2012)	TH:	E R.	AINE	IRD	FO	UNDA	rion,	INC					26-	45733	320		Page 4
																_		Yes	No
46						directly,	in polit	tical camp	aign activit	ies on be	half of or	in oppositi	on to ca	ındidates for p	ublic of	ffice?	:		
_	If "Yes," c										. <u>.</u>			<u></u>			46		X
Pa			on 501		_			•											
														tables for lin-					
		Check	if the org	janizati	ion use	ed Sche	edule (	O to resp	ond to an	ıy questi	on in th	is Part VI							
																		Yes	-
47														"Yes," comple			47		X
48																	48		X
49 a	Did the or	ganizati	on make	any tran	isfers to	an exer	mpt no	in-charitat	ole related o	organizati	on?			· • · · · · · · · · · · · · · • •			49a		X
	If "Yes," w	as the r	elated org	janizatio	ın a sec	tion 52/	organ	iization?								L	49b	L	<u> </u>
50											nan omi	ers, directo	rs, trus	tees and key e	mploye	es) who ea	ich red	ceived	more
	than \$10	זם טטט,נ				_		there is r	one, enter				1,		745		Т.		
			(a) Nam pai	e and di id more	than \$1	.cn empii :00.000	oyee				) Averag week de	e nours evoted to		) Reportable ensation (Forms	cont	alth benefits ributions to	.   ,-	) Estimount of	
			<b>,</b>	••		-	T ~ B T 1	-		) pe,	positi			2/1099-MISC)	plans,	oyee benefit and deferred		mpens	
						1	NON	<u>E</u>							con	pensation	+		
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										$\dashv$									
										<del></del>			+		-		-		
										-									
51	organizat	this tab ion. If th	le for the ere is nor	organiza ne, enter	ation's f r "None."	five high " <b>1</b>	est cor	mpensate E ~				ho each rec	eived m	ore than \$100	,000 of	compensa	tion fr	om the	e 
_(a)	) Name and	addres	s of each	indeper	ndent co	ontractor	r paid r	more than	\$100,000			(b) Type	of serv	ice		(c) C	ompe	nsatio	п
					<del>.</del>														
	<del>.</del>					· ·													
_																			
-											-								
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_	Total		Alana imaka				· · ·		- #100 000		Į.								
									r \$100,000										
52								,				(a)(1) nonex				<b>⊾</b> □	7 v.		¬ ".
Unde	charitable penalties o	perjury, I	declare the	at I have	examined	this retur	m, inclu	ding accom	panying sch	edules and	statement	ts, and to the	best of m	y knowledge and	p baller	t is true, corr	ect, an	d comp	<u>No</u> lete.
		parer (oth	er than offic	ær) is bas	sed on all	informati	on of wi	hich prepare	er has any kn	owledge.				-	1		4/12	· · · •	
Sig	n 📗	Signatu	re of office	r				·					•	1 of	Date		41		
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	: -: <b>,</b>		address					L'M						Phone no		08 - 27			<u></u>
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Mav	the IRS dis	cuse thi	s return s							, =						<b>▶</b> [3	Ye	<u>e</u>	No
	CIVITIO UI	,5400 HI	o return 1	THE CITY	Propert	0110741	. 40076	. Dec 1163						• • • • • • • • • • • • • • • • • • • •					(2012)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE RAINBIRD FOUNDATION, INC.

Employer identification number 26 – 4573320

Part	Reason	for Public Cha	arity Status (All organiz				t.) See ins	tructions.		<u> </u>	<del>, , , , ,</del>	
The org			on because it is: (For lines									
1 🗀	A church, co	nvention of church	nes, or association of chur	ches desci	ribed in <b>s</b>	ection 170	)(b)(1)(A)(i	).				
2	¬		170(b)(1)(A)(ii), (Attach So					,				
3 🗔	A hospital or	a cooperative hos	spital service organization	described.	in section	n 170(b)(1)	(A)(iii).					
4	A medical res	search organization	n operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nan	ne,
	city, and stat	:e:										
5		ion operated for th ( <b>b)(1)(A)(iv).</b> (Comp	ne benefit of a college or u	niversity ov	vned or a	perated by	y a govern	mental un	it describ	ed in		
6	7		ment or governmental uni	it decoriber	t in cooti	on 170/h)/	4VAV6A					
7 X		_	eceives a substantial part				, .	or from the	general	public des	oribad	in
, ,	a a	<b>b)(1)(A)(vi).</b> (Comp	•	or its supp	OIL HOILE	a governin	citta um (	n nom the	genera	public desi	LIDEU	11:1
8	¬ `		section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗆	7		eceives: (1) more than 33			from contr	ibutione n	nembereb	in fone a	nd arose ra	cointe	from
<u> </u>	=	-	functions - subject to certa		, ,				•	_	•	
		•	s taxable income (less sec	•		, ,				~		
		509(a)(2). (Comple		(IOI) O I   tal	A) HOITIDE	J311103303	acquired t	y the orga	I IIZALION	arter ourie	oo, 101	· J.
10 🗀	٦	, ,, , ,	operated exclusively to te	st for publi	c safety	See sectio	on 509/a)/	4)				
11	¬ ~	-	operated exclusively for the		•			•	v out the	purposes -	of one	or
	-	•	izations described in secti						,			
			ng organization and compl				_,,.		unton on			
	a Type (			ype III · Fur	_		1 (	a 🔲 Typ	e III - No	n-functiona	lly inte	orated
e 🗀	¬ ''		hat the organization is not		•	-		, ,			•	-
			r than one or more publicly				-					
f			ritten determination from						, ,, ,		. ,. ,	
		rganization, check				-	-					
9		-	e organization accepted ar							*		. —
•			ndirectly controls, either al			_					Yes	No
			supported organization?								<del></del>	
	-		son described in (i) above?									
			f a person described in (i) o									
h			on about the supported or							1	<i>r</i> 1	<u>.                                    </u>
.,	, , , , , , , , , , , , , , , , , , , ,		on about the dappoint of	gameanon	ω,.							
٠,	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the o in col. (i) lis governing o	ted in you		u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	on in col. i ed in the	(vii) Amoun sug	t of mo	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
						1			† · · ·			
								1				
									<u> </u>			
				1		ļ		<u> </u>	<u> </u>			
4								•				
[otal	,			1 34 101		1	1	1				

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

# 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.)

36	ction A. Public Support						
Cale	ndar 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					, -,	. 1.7
	membership fees received. (Do not						
	include any "unusual grants.")		]	20,532.	30,115.	50,578.	101,225.
2	Tax revenues levied for the organ-						, — — — — — — — — — — — — — — — — — — —
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			20,532.	30,115.	50,578.	101,225.
5	The portion of total contributions		•		: .		
	by each person (other than a	ļ	ł				
	governmental unit or publicly			[			
	supported organization) included						
	on line 1 that exceeds 2% of the			i			
	amount shown on line 11,						
	column (f)			1			
	Public support. Subtract line 5 from tine 4.			<u> </u>			101,225.
	tion B. Total Support						
	ndar 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			20,532.	30,115.	50,578.	101,225.
8	Gross income from interest,				İ		
	dividends, payments received on						
	securities loans, rents, royalties		_				
	and income from similar sources	<b></b>					
9	Net income from unrelated business	·					
	activities, whether or not the						
	business is regularly carried on				2,810.		2,810.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>			104,035.
12	Gross receipts from related activities,	-		•		12	7,070.
13	First five years. If the Form 990 is for						
<u></u>	organization, check this box and stor	here					► <u>X</u>
	tion C. Computation of Publ						
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	<u>%</u>
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies						
þ	33 1/3% support test - 2011. if the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17 <u>b,</u>		nd see instructions	

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

(Complet	te on	ly if	you	che	cked	the	box o	n line (	9 of	Part	l or it	fthe	organi	zation	failed	to qua	lify u	ınder	Part	IJ. if t	he	organ	ization	ı fail:	s to

e-	qualify under the tests listed b	elow, please com	plete Part It.)			-	
	ction A. Public Support	<u> </u>	1	1	T	<del>.</del>	,
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not			1			
	include any "unusual grants.")			ļ		ļ	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Э	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					}	
	the organization without charge					<u></u>	
6	Total, Add lines 1 through 5					<u> </u>	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b		<u> </u>				
	Public support (Subtract line 7c from line 6.)				1	1.	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			:			
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)					1	
	First five years. If the Form 990 is for	the organization	s first, second, thir	d, fourth, or fifth to	ax vear as a sectio	on 501(c)(3) organiz	zation.
	check this box and stop here	-			-		<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I			column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from a	-	•		***************************************	18	<u> </u>
	35 1/3% support tests - 2012. If the						
.56	more than 33 1/3%, check this box a	-					
ı.	33 1/3% support tests - 2011. If the						
£	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>-</b>
2220		in died not crieck &	POY OUR BUG 14' 12	a, vi i <i>a</i> u, check tr			0 ex 000 EZ) 2040
2320	23 12-04-12			_	SCI	nedule A (Form 99	v ur wwv-E4) 2012

## 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.

OMB No. 1545-0047

**2012** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service or if the organization entered more than \$15,000 on Form 990-EZ, line 6

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

Employer identification number 26 = 4573320

THE RAI	NBIRD FOUNDATION,	IŅC	•		26-4573	320
	Complete if the organization answ			Form 990, Part IV, I		
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with positions or entities (fundraisers) pure	ation of ation of I fundra Il (inclu- profess	non-g gover aising ding o ional t	overnment grants inment grants events fficers, directors, true fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
•		Yes	No			
		<u> </u>			-	
	~-					
	4.					
Total			<b>•</b>			
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	I it is exempt from re	egistration
•						
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.	***	Schedule G (Forn	n 990 or 990-EZ) 2012

ď	1	Gross revenue									
ses	2	Cash prizes									
Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs				<u></u>				<del></del>	
	5	Other direct expenses									
		Volunteer labor		Yes% No		Yes	_ %	Yes No	%		
	7	Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1							ĺ	(	)
а	ls t	er the state(s) in which the organization operat ne organization licensed to operate gaming act No," explain:	tivitie	es in each of these s	tate	s?		 		Yes	□ No
		re any of the organization's gaming licenses re Yes," explain:								Yes	No No
3208	2 01	-07-13						Schedui	le G (Fori	m 990 or 990	- <b>EZ</b> ) 2012

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 THE RAINBIRD FOUNDATION, INC. 26-	<u>4573</u>	<u> 320</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	. $\square$	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of garning activity operated in:			
a	The organization's facility	13a		%
	An outside facility		1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	, , , , , , , , , , , , , , , , , , ,			
	Name			
	Address >			
				·-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yas	No
	2 2000 the digatilization have a contract that a time party from whom the digatilization receives gaining revenue:		163	
h	If "Yes," enter the amount of gaming revenue received by the organization.			
_	of gaming revenue retained by the third party > \$			
_	: If "Yes," enter name and address of the third party:			
·	enter name and address of the tring party.			
	Alama N			
	Name			
	Audebrana No.			
	Address >	<del></del>		
	Ouries and in the state of the			
16	Gaming manager information:			
	<b>.</b> .			
	Name	<b></b> .		
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	i) and (v	), and	Part III.
··-··	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	,	, ,	
		1000		
_				
	A.			

### **SCHEDULE O**

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number 26-4573320

THE RAINBIRD FOUNDATION, INC.	Employer identification number 26-4573320
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INFORMATION TECHNOLOGY	6,079.
OFFICE EXPENSES	1,949.
MISCELLANEOUS EXPENSES	861.
TRAVEL	616.
INSURANCE	515.
CONFERENCES, CONVENTIONS, AND MEETINGS	120.
TOTAL TO FORM 990-EZ, LINE 16	10,140.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OUR MISS	SION IS TO BUILD A
GLOBAL CONVERSATION FOR THE END- OF CHILD ABUSE AND FULFI	LL FOUR AREAS
OF NEED: 1) BUILD A MAJOR FUNDRAISING ENTITY THAT EDUCAT	PES, MOTIVATES,
AND PROVIDES ENORMOUS VISIBILITY FOR CHILD ABUSE, AND FU	NDS PEOPLE
WORKING FOR THE END OF CHILD ABUSE; 2) DEVELOP POWERFUL	RELATIONSHIPS
WITH THE MEDIA TO GENERATE AN ONGOING DIALOGUE FOR THE E	END OF CHILD
ABUSE; 3) CREATE VIABLE PARTNERSHIPS WITH PEOPLE AND ORG	SANIZATIONS
AROUND THE WORLD COMMITTED TO THE END OF CHILD ABUSE; AN	ID 4) EMPOWER
LEADERS AROUND THE WORLD IN PROJECTS THAT CONTRIBUTE TO	THE END OF
CHILD ABUSE.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENTS:
THE RAINBIRD FOUNDATION MOBILIZES LOCAL, STATE, AND	
NATIONAL COMMUNITIES TO INCREASE AWARENESS AND TAKE ACTI	ON
TO END CRIMES AGAINST CHILDREN. THE RAINBIRD FOUNDATION	<u> </u>
ALSO ALIGNS LEADERS INTERNATIONALLY TO PROMOTE A STRONG	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sch 232211 01-04-13	edule O (Form 990 or 990-EZ) (2012)

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization	THE RAINBIRD FOUNDATION, INC.	Employer identification number 26-4573320
MOVEMENT TO END	CHILD ABUSE.	
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