# Form **990**

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

OMB No. 1545-0047

2014

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Inter	artment of th nal Revenue	Service	► Information about	t Form 990 and its in	structions is at	www.irs.go	ov/form990	).	Inspe	ection		
Ā			ndar year, or tax year beginning			nd ending		/31	, 20 15			
В	Check if an		C Name of organization RALLY FO					D Employ	er identification	n number		
$\Box$	Address ch	The second second	Doing business as Children's C		Family Assista	nce Founda	ation		20-1950849	)		
$\overline{\Box}$	Name char		Number and street (or P.O. box if n		The state of the s	Room/suite		E Telepho	ne number			
$\overline{\Box}$	Initial return		5775 Glenridge Drive, Building	R	7.	Suite	Suite 370 404-847-1270					
$\exists$	Final return/		City or town, state or province, cou		postal code	Juite	370		101011111			
H	Amended r		Sandy Springs, GA 30328					G Gross re	eceipts \$	2,421,859		
$\exists$			F Name and address of principal office	er: Dean Crowe Fo	under & CEO		H(a) Is this a or		subordinates?			
	Application	.00000.00000	Same as above	bean browe, re	Juniaci a OLO				s included?			
_	Tax-exemp	or section	✓ 501(c)(3)	( ) ◀ (insert no.)	4947(a)(1) or	527			a list. (see instru			
j J	Website:		w.rallyfoundation.org	7 (1100111101)			H(c) Group	exemption	number ►			
-			✓ Corporation Trust Associ	ation ☐ Other ►	L Yea	r of formation		1	of legal domicil	le: GA		
	art I	Summ			1		2000					
			escribe the organization's miss	sion or most signific	cant activities:							
9			indation, a 501(c)(3) non-profit of				country to	raise aw	areness and	funds		
anc	2.7.7		good cancer research to find be									
em			is box ▶ ☐ if the organization							ts.		
ò			of voting members of the gove					3		13		
8	4 7028 00		of independent voting member					4		12		
es	1 1050493		mber of individuals employed	경기 가는 하게 하면 되면 한 경기 위치 없이 있는 것이 없다.	그리고 하다 시민 경영 가장이 있었다. 그 경영하			5		9		
ž	10 5372		nber of volunteers (estimate if	경기는 전경에서 지난 어린 맛없다면 그렇게 하게 되었다.				6		5,000		
Activities & Governance	10.000		elated business revenue from					7a		0,000		
_	1 200.00		lated business taxable income	The second secon		70 W N N		7b		0		
_	D 1	et union	lated business taxable income	3 1101111 01111 000 1,		· · · i ·	Prior Ye		Curren			
Revenue	8 0	ontribut	tions and grants (Part VIII line	1h)			1	,789,557		2,227,800		
	8 Contributions and grants (Part VIII, line 1h)									0		
Ver			ent income (Part VIII, column (					0 0 2,497 2,952				
Re			venue (Part VIII, column (A), lin		700			(234,050) (235,845				
			enue—add lines 8 through 11 (					,558,004		1,994,907		
-	-		nd similar amounts paid (Part					,238,071		1,781,888		
	100000000000000000000000000000000000000							0		0,701,000		
		사용 - 프로스 - 프로스 - 프로스 - 트로스 -								212,775		
Expenses			onal fundraising fees (Part IX,	Albert and a series of the fact of the series of		<sup>5–10</sup> , —		170,495 0		212,773		
en	100000000000000000000000000000000000000		draising expenses (Part IX, co	맛집 아이 아이 아이 맛없어요? 그 바닷가 그리고 어떻게 뭐 했다.	Ser contract the term		W. 196	U				
EX	4 Laurence 115		penses (Part IX, column (A), lir	이번에 어어나는 사람들은 사람이 아이들이 다 하셨다. 하는 그렇다	************			154,351		175 416		
	A 2000 - 1000		penses (Fart IX, Coldinii (A), iii benses. Add lines 13–17 (must			· ·				175,416		
	1 35.55		less expenses. Subtract line	그렇게 하면 하면 하는 그들은 전쟁이 되었다.				,562,917		2,170,079 (175,172)		
		evenue	less expenses. Subtract line	TO HOTTIME 12 .			inning of Cu	(4,913)	End of			
Net Assets or Fund Balances	20 T	otal acc	sets (Part X, line 16)			100		.136.956		1,172,972		
Asse	21 T									899,351		
Net	22 N											
	art II		ture Block	inte 21 from line 20		• • -		448,792		273,621		
			ry, I declare that I have examined this	return, including accom-	nanvina echadulas	and stateme	nte and to th	na heet of r	my knowledge	and holiof it is		
			lete. Declaration of preparer (other tha						ny knowledge	and boiler, it is		
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Sig	an l	Signa	ature of officer				Da	te				
He		5						and the second				
	-	Type	e or print name and title									
_			pe preparer's name	Preparer's signature		Date		0,	PTIN			
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US	e Only	100 Marie 100 Ma	address ►				100000	ne no.				

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form 99	0 (2014) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Rally Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds
	for childhood cancer research to find better treatments with fewer long-term side effects and, ultimately, cures.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	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 measured to
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,741,624 including grants of \$ 1,731,296) (Revenue \$ )
	Rally Foundation Research Grants Program:
	Rally Foundation, through its competitive peer review process, supports all types of childhood cancer research including but
	not limited to science at the bench (very early research), innovative studies, clinical trials, targeted therapies, DNA studies, and
	survivorship studies. Rally Foundation also funds second, third, and fourth year Fellows. In an effort to streamline the grant
	process, Rally Foundation vets and co-funds research with other childhood cancer organizations. Rally Foundation gives
	their research grants once a year, during the fourth quarter of its fiscal year - January through March. In fiscal year 2014-2015.
	Rally Foundation awarded more than \$1.7 million to 30 hospitals across the country, bringing it's total grants to over \$7 million.
4b	(Code: ) (Expenses \$ 28,393 including grants of \$ ) (Revenue \$ )
	Rally Foundation Public Education and Awareness:
	Rally Foundation has educated more than 450,000 people on the need for childhood cancer research and has engaged
	approximately 5,000 volunteers. In 2014, Rally had over 22 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 \$ 50,592 including grants of \$ 50,592 ) (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.
	······································
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ \$2,089,520

Part				
T-CIT-C	Oneckist of frequired concedures		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did it is a second of the seco	11a	1	ESSHRESH
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	그는 하면 가는 사람들이 되었다면 보다 되었다면 보다 보다 보다 보다 보다 되었다면 보다	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		/
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		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

	00 (2014)		- 1	Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			,
27	disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		✓
_,	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	1	
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
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? <i>If "Yes," complete Schedule R</i> ,			
20	Part VI	37		✓
38	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	38	√ - 990	7025 35 35
		PT	_ 000	(0044)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8	nels in		110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	-	Security Control
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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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 account)?			1
<b>L</b>		4a		letter co
D	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			150
	(FBAR).			100
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	and the same of	CO010-01
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			
u	and services provided to the payor?	7a	1	
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			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		digital:
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		1000
9	Sponsoring organizations maintaining donor advised funds.	0	real in	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			NO.
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	- 27		
a b	Gross income from members or shareholders			
300	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	encontract.	SCHOOL STOR
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		STATE OF	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			fig. s
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С				
14a		1/12		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		٧
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		• •	<b>✓</b>
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	_	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	and the same of	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a	The governing body?	8a 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	•	/
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	nde )	
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
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		1
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 b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14	1	
а	The organization's CEO, Executive Director, or top management official	15a	1	Maril London
	Other officers or key employees of the organization	15b		
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		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17 18	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(	c)(3)s	only)
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Christi Kruse 5775 Glenridge Drive Building B. Suite 370 Sandy Springs GA 30328 404-847-1270 or 678-471-0246			

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compensated Employees, a	nd
	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 n	or any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch		ition more	e than c	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, unless person is both an officer and a director/trustee)					ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dean Crowe - Founder & CEO	45	1		1				118,420	0	0
(2) Christi Kruse - Treasurer	15	1						22,168	0	0
(3) Peggy Fulghum - Chair	5	1						0	0	0
(4) Carole Anne Orsborn - Secretary	5	1						0	0	0
(5) Reid Crowe - Co-founder	5	1						0	0	0
(6) Blaine Hess - Vice-president	5	1						0	0	0
(7) Joy Posthauer - Vice-president	5	1						0	0	0
(8) Kevin Isakson · Vice-president	5	1						0	o	0
(9) Larry Deist - Vice-president	5	1						0	0	0
(10) Todd Ewing - Vice-president	5	1						0	0	0
(11) Scott Givens - Vice-president	5	1						0	O	0
(12) Chris Galfney - Vice-president	5	1						0	0	0
(13) Shane Roach - Vice President	5	1						0	0	0
(14)										

	(A) Name and title		box, office	unles er and	Pos neck ss pe d a d	rson	than is both	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ated nt of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen- from organiz and rel organiza	the ation ated
(15)							0.					
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)										9		
(23)												
(24)												
(25)												
1b c	Sub-total				•	•	•	<b>&gt;</b>	140,588	0		0
d 2	Total (add lines 1b and 1c)	not limited					above	e) w	140,588 ho received mo	ore than \$100,00	00 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compensate		es 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?									ation or individu		1
7	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											's tax
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensati	on
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Check if Schedule O contains a response or note to any line in this Part VIII   Total revenue   Page or business   Page or b	Par	t VIII							-
Business Code   Business Cod			Check if Schedule O contains	a res	ponse or note to		(B) Related or exempt function	(C) Unrelated business	excluded from tax under sections
Business Code   Business Cod	nts	1a	Federated campaigns	1a	101,309				
Business Code   Business Cod	irar	b		1b					
Business Code   Business Cod	S, G	С	Fundraising events	1c	826,635				
Business Code   Business Cod	ar a	d		1d					
Business Code   Business Cod	S,	е	Government grants (contributions)	1e	0				
Business Code   Business Cod	rsion	f	All other contributions, gifts, grants,						
Business Code   Business Cod	but the		and similar amounts not included above	1f	1,299,856				
Business Code   Business Cod	달	g	Noncash contributions included in lines 1a	-1f: \$					
Business Code   Business Cod	a C	h	Total. Add lines 1a-1f		>	2,227,800			
3   Investment income (including dividends, interest, and other similar amounts)	-en								
3   Investment income (including dividends, interest, and other similar amounts)	ven	2a							
3   Investment income (including dividends, interest, and other similar amounts)	Se .	b							
3   Investment income (including dividends, interest, and other similar amounts)	ice	С							
3   Investment income (including dividends, interest, and other similar amounts)	Ser.	d							
3   Investment income (including dividends, interest, and other similar amounts)	E	е							
3   Investment income (including dividends, interest, and other similar amounts)	gra	f							
3 Investment income (including dividends, interest, and other similar amounts)    4 Income from investment of tax-exempt bond proceeds    5 Royalties    (i) Real   (ii) Personal    6a Gross rents   (iii) Real   (iii) Personal    6a Gross rents   (iv) Real   (iv) Personal   (iv) Per	Pro	200							
(i) Real   (ii) Personal		4	Investment income (including and other similar amounts) . Income from investment of tax-exe	divid  mpt b	ends, interest, ▶ ond proceeds▶	2,952			2,952
The state of the		5							
Best alincome or (loss)  d Net rental income or (loss)  d Securities  assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  c Gain or (loss)  d Net gain or (loss)  b Less: direct expenses  c Net income or (loss) from fundraising events (not including \$ 826,635 of contributions reported on line 1c). See Part IV, line 18  c Net income or (loss) from fundraising events  s Less: direct expenses  b Less: direct expenses  b Less: direct expenses  b Net income or (loss) from gaming activities. See Part IV, line 19  a Less: direct expenses  b Net income or (loss) from gaming activities  See Part IV, line 19  a Less: cost of goods sold  b Net income or (loss) from gaming activities  returns and allowances  a Less: cost of goods sold  b Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b C All other revenue  c Total. Add lines 11a–11d  B All other revenue  c Total. Add lines 11a–11d			544-2-01-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		(ii) Personal				
C Rental income or (loss) d Net rental income or (loss)									
d Net rental income or (loss)		1							
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) . d Net gain or (loss) . d Net gain or (loss) .  226,635 of contributions reported on line 1c). See Part IV, line 18		1							
assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) . See Part IV, line 18									
and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  5 Net gain or (loss) .  6 Net gain or (loss) .  7 Net income or (loss) from fundraising events .  8 Less: direct expenses .  9 Less: direct expenses .  9 Less: direct expenses .  9 Less: direct expenses .  10 Net income or (loss) from gaming activities .  10 Less: direct expenses .  10 Net income or (loss) from gaming activities .  10 Less: direct expenses .  10 Net income or (loss) from gaming activities .  10 Less: direct expenses .  10 Less: direct expenses .  10 Net income or (loss) from gaming activities .  10 Less: direct expenses .  10 Net income or (loss) from gaming activities .  10 Net income or (loss) from sales of inventory .  10 Net income or (loss) from sales of inventory .  11 Network of the loss of the		7a	assets other than inventory	ies	(ii) Other				
d Net gain or (loss)		ь							
d Net gain or (loss)		С	Gain or (loss)						
of contributions reported on line 1c). See Part IV, line 18 a 191,107  b Less: direct expenses b 426,952 c Net income or (loss) from fundraising events . ▶ (235,845)  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue		d	Net gain or (loss)	• •	▶				
c Net income or (loss) from fundraising events .    9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities    10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory .    Miscellaneous Revenue Business Code  11a  b	er Revenue	8a	events (not including \$ 826,6 of contributions reported on line 1	c).	191,107				
c Net income or (loss) from fundraising events .    9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities    10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory .    Miscellaneous Revenue Business Code  11a  b	5	b	Less: direct expenses	. b	426,952				
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a-11d ▶	_			_	events . ►	(235,845)			(235,845)
b Less: direct expenses b c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue ▶		9a							
c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b  c d All other revenue		b							
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a b c d All other revenue					vities >				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b c c d All other revenue		10a							
Miscellaneous Revenue		11 81589	Less: cost of goods sold	. b					
11a b c d All other revenue e Total. Add lines 11a–11d		-		J. 1114		RESERVED FOR THE PARTY OF THE P			
b		112							
c         d         All other revenue          ▶           e         Total. Add lines 11a-11d         ▶          ▶									
d All other revenue		07100		*****					
e Total. Add lines 11a–11d									
					<b>.</b>				
		TOO GO				1,994.907			1,994,907

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp			s must complete colu	mn (A).
	Check if Schedule O contains a respons				
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,731,296	1,731,296		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	50,592	50,592		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		21		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				***************************************
	trustees, and key employees	94,475	89,567	2,454	2,454
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	97,946	74,690	20,998	2,258
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,004	4,506	360	138
9	Other employee benefits	663	523	131	9
10	Payroll taxes	14,687	11,584	2,896	207
11	Fees for services (non-employees):				
a	Management				
b	Legal	05.400	40.000	4.700	502
d	Accounting	25,168	19,883	4,782	503
e	Lobbying				
f	Investment management fees	100			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	37,167	29,451	21	7,695
12	Advertising and promotion				
13	Office expenses	26,847	17,969	3,548	5,330
14	Information technology	9,053	8,047	0	1,006
15	Royalties				
16	Occupancy				
17	Travel	15,282	14,369	0	913
18	Payments of travel or entertainment expenses				
102027	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,349	3,867	0	482
20	Interest				
21	Payments to affiliates			700	
22 23	Depreciation, depletion, and amortization . Insurance	4,043	3,194	768	81
24	Other expenses, Itemize expenses not covered	5,207	4,114	989	104
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Supplies	41,481	25,868	0	15,613
b	Printing	6,819	0	0	6,819
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,170,079	2,089,520	36,947	43,612
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

	AIUA	Check if Schedule O contains a response or note to any line in this Par	t X		П
		SHOOK II SONGALIO S SONALII O A POSPONOS OF HOLE LE ALLY III O II TANIA	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	72,132	1	200,165
	2	Savings and temporary cash investments	956,352	2	952,115
	3	Pledges and grants receivable, net	100,325	3	935
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	3,606	9	12,500
	iua				
	b	Less: accumulated depreciation 10b (18,388)	4,541	10c	7,257
	11	Investments—publicly traded securities	4,341	11	1,231
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,136,956	16	1,172,972
	17	Accounts payable and accrued expenses	40,214	17	27,083
	18	Grants payable	647,950		872,268
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
iak	00			22	
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X	4		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	688,164	26	899,351
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	324,266	27	242,445
Ва	28	Temporarily restricted net assets	124,526		31,176
nd	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0 0	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	448,792	0	273,621
_	34	Total liabilities and net assets/fund balances	1,136,956	11000000	1,172,972
					Form 990 (2014)

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	50 (2014)				.gc
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,99	94,907
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	70,079
3	Revenue less expenses. Subtract line 2 from line 1	3		(17	5,172)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	48,792
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6		13	38,034
7	Investment expenses	7			0
8	Prior period adjustments	8			1
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(13	8,034)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	73,621
Part	XII Financial Statements and Reporting				<u></u>
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	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," exp	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		BEE		
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		Jan Barrier		
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>	SISSIFICAN
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		To be	
12	Schedule O.				1000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
720	the Single Audit Act and OMB Circular A-133?		3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	Juits.	3b	000	(2014)

Form **990** (2014)

### SCHEDULE A (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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number										
Rally Foundation, Inc.	20-19	50849								
Part I Reason for Public Cha	arity Status (All	organizations mus	t comple	ete this p	art.) See instruction	ons.				
The organization is not a private found										
1 A church, convention of chur	ches, or associat	ion of churches descr	ibed in s	ection 17	O(b)(1)(A)(i).					
2 A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3 A hospital or a cooperative he	ospital service or	ganization described i	in sectio	n 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									
	**************************************									
6 A federal, state, or local gove		mental unit described	l in secti	on 170(b)	)(1)(A)(v).					
7 An organization that normally	receives a subs	tantial part of its sup				n the general public				
described in section 170(b)(	I)(A)(vi). (Comple	te Part II.)								
8  A community trust described	in section 170(b	)(1)(A)(vi). (Complete	Part II.)		1	1 All				
9 An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from con	tributions, members	hip fees, and gross				
receipts from activities relate	ed to its exempt	functions-subject to	o certain	exceptio	ns, and (2) no more	than 331/3% of its				
support from gross investm					Service and the service of the servi	x) from businesses				
acquired by the organization				-450b, VI	200					
10 An organization organized an			5000	NO. 100	TORK AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON NAMED IN C					
11 An organization organized and										
one or more publicly supporte the box in lines 11a through 1										
<ul> <li>Type I. A supporting organi</li> </ul>										
the supported organization(			et a majo	ority of the	e directors or trustee	es of the supporting				
organization. You must con	SAN AND CASE OF STREET PARTY AND CONTRACT OF STREET									
b Type II. A supporting organ										
control or management of t			ne same (	persons th	nat control or manaç	ge the supported				
organization(s). You must o	SWIELL VOL VIE	All and a second a	10 12/21	700		- 1400-000				
c Type III functionally integrings its supported organization(s	) (see instruction	s). You must comple	te Part I	V, Sectio	ns A, D, and E.					
d Type III non-functionally in that is not functionally integ	rated. The organi	zation generally must	satisfy a	distributi	on requirement and					
requirement (see instruction										
<ul> <li>Check this box if the organi functionally integrated, or T</li> </ul>						I, Type III				
f Enter the number of supported				T. 1981 (201 19.1		[				
g Provide the following information		orted organization(s).								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see	(vi) Amount of other support (see instructions)				
		(see instructions))			instructions)	a management				
			Yes	No						
(A)										
(B)										
(C)										
(D)		The state of the s								
(E)										
		IN CONTROL OF BUILDING SALES								
				A. The						

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Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,357,942 1,682,493 1.801.541 2.042.975 2.394.837 9.279.788 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 n 0 Total. Add lines 1 through 3 . . . . 1,357,942 1,682,493 1,801,541 2,042,975 2,394,837 9,279,788 The portion of total contributions by each person (other than a governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 636,747 Public support, Subtract line 5 from line 4. 8,643,041 Section B. Total Support (b) 2011 Calendar year (or fiscal year beginning in) (c) 2012 (a) 2010 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . 2,042,975 1,357,942 1,682,493 1,801,541 2,394,837 9,279,788 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 1,987 2,497 2,952 16,207 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support, Add lines 7 through 10 11 9,295,995 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . 92.98 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 1 b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you	checked the box on line 9	of Part I or if th	e organization	failed to qualify	under Part II.
	Is to qualify under the test				

Sect	ion A. Public Support	direct the te	oto notoc box	orr, produce oc	inploto i dit	)	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	***********				<del> </del>	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
*	organization's benefit and either paid						
	to or expended on its behalf						
-	The value of services or facilities		1			<del> </del>	<u> </u>
5							
	furnished by a governmental unit to the organization without charge						
	and the second control of the contro						
6	Total. Add lines 1 through 5						<u> </u>
7a	the state of the s						<b>Q</b>
	received from disqualified persons .					2 # B.	P
b	Amounts included on lines 2 and 3				60	# # #	
	received from other than disqualified				题.	Wast .	
	persons that exceed the greater of \$5,000			-500	Mary W	9	
	or 1% of the amount on line 13 for the year			4 W B	1		
c	Add lines 7a and 7b			1 1 11 12	F 400		
8	Public support (Subtract line 7c from		- 6	1 1 1 10			
	line 6.)			A 60.			
*******	on B. Total Support		<u> </u>	<i>₹9</i>			
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	the state of	4				
10a	Gross income from interest, dividends,	A Brown By a					
	payments received on securities loans, rents	BBO					
69.11	royalties and income from similar sources .	1 D D					
b	Unrelated business taxable income (less	Sept.					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c. 11.						
	and 12.)						
14	First five years. If the Form 990 is for the				5.0		
	organization, check this box and stop her		<u> </u>	<u> </u>	<del></del>	· · · · · ·	🕨 🗌
	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch			<del></del>	<del></del>	16	%
*******	on D. Computation of Investment Inc		Commission of the State of the		70)	1.4-1	
17	Investment income percentage for 2014 (I					17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organi						
140	17 is not more than 331/3%, check this box a						-
b	331/3% support tests—2013. If the organization 18 is not more than 331/3% check this h						
00	line 18 is not more than 33½%, check this be Private foundation. If the organization did		2.4				
20	rivate loundation. If the organization did	a not check a	DOX OH III 10 14,	196, 01 190, 0	HEEK HIIS DOX	and see mond	CHOILS P

Part IV **Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Par								Part V.)						
Secti	on A	. All S	Supp	orting Organ	izations									
1	Are	all of	the	organization's	supported	organizations	listed	by	name	in ti	he	organization's	governing	Ye

	Y		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing-documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	Blan	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	0.4.14	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		No.
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	100	
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	0.346		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
		S2420 COCC	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Section	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
occu	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	14.20	163	140
7.0	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1		
Canti		2		
Secu	on C. Type II Supporting Organizations	40	Vee	No
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	125	Superior.
Section	on D. All Type III Supporting Organizations			
	Jpe m cappe m 3 - 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7		Alternation of the second
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		Black,
Soction	on E. Type III Functionally-Integrated Supporting Organizations	3		
***************************************				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	5):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	elektron a		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	4.5		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0-	3533	
1		2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	14.0		
	activities but for the organization's position than its supported organization(s) would have engaged in these	2b	TOWN TOWN	ALTERNATION IN
3	Parent of Supported Organizations, Answer (a) and (b) below.	2.5		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
100	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co-			nstructions. All
Section A - Adjusted Net Income	I	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		VA	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		1
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-inte	egrated Type III supportin	g organization (see

Part		(3) Supporting Organ	zations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	)		
6	Other distributions (describe in Part VI). See instructions	5.		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			0.19
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			9 An
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		ac u	
3	Excess distributions carryover, if any, to 2014:			
а				
ь				
С				
d		THE STATE OF		
e	From 2013			
f	Total of lines 3a through e	10		
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount		Town of the same of the same	
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).  Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see	ent construction (exc.)		
7	instructions).  Excess distributions carryover to 2015. Add lines 3		1	
7	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	orm 990 or 990-EZ) 2014 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
*************	
*****	
***************************************	
	46 0
	11/9/h
<b>-</b>	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
Rally	Foundation, Inc.		20-1950849
Pa		vised Funds or Other Similar Fun	nds or Accounts.
4-10-01-	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	or o	
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
100	conferring impermissible private benefit?		· · · · · · · Yes 🗌 No
Far	tll Conservation Easements.		No.
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
0	Preservation of open space	-1-10001	in the form of a composition
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaiilled conservation contribution	Held at the End of the Tax Year
	N		
a	Total number of conservation easements Total acreage restricted by conservation easement		2a
Ь	Number of conservation easements on a certified h	4 70 10 40	2b     2c
d	Number of conservation easements included in	2000 NO. 1000 NO.	
Ci	historic structure listed in the National Register		
3	Number of conservation easements modified, trans		
	tax year ▶	Sichred, Joreasea, extinguismed, or terr	mates by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re-		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
			9 TOOK 1 TO SECURITION OF THE
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
	▶s W	ast no 🐸 fore tradition of the reachasts to the source of the states detailed the said summer continue.	404-40-100-3-19 mile 1500 150- <b>161</b> 30 00 00 160 17 00
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation easeme		
Par			Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relati		lucation, or research in turtherance of
		(T)	, c
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain, provide the
-	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1 .	and the party of the contract	
b	Assets included in Form 990, Part X		<b>&gt;</b> ¢

Children	D (1 01111 330) 2014			manufacture and the second	
Part	Organizations Maintaining Col	llections of Art, H	istorical Treasures	, or Other Similar As	sets (continued)
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and other rec	ords, check any of th	e following that are a si	gnificant use of its
а	☐ Public exhibition	d	Loan or exchange	je programs	
b	☐ Scholarly research			0 D 070	
С	Preservation for future generations				
4	Provide a description of the organization's XIII.	s collections and exp	plain how they further	the organization's exem	pt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than				r □ Yes □ No
Pari			,		
Estate Property Co.	Complete if the organization and 990, Part X, line 21.		orm 990, Part IV, line	9, or reported an ame	ount on Form
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				t
b	If "Yes," explain the arrangement in Part X	III and complete the	following table:		
				Ar	mount
С	Beginning balance			1c	9.48
d	Additions during the year			1d (1)	2 3
е	Distributions during the year			1e	<u> </u>
f	Ending balance			11	
2a	Did the organization include an amount on if "Yes," explain the arrangement in Part X				
Date		iii. Check here ii the	explanation has been	provided in Part Air .	· · · · · · · · · · · · · · · · · · ·
-	Complete if the organization ans	wered "Yes" to Fo	rm 990. Part IV line	10.	
			Prior year (c) Two year		(e) Four years back
1a	Beginning of year balance		11		
b	Contributions	N alla	B B do		
С	Net investment earnings, gains, and losses	1 CV 5			
d	Grants or scholarships	A THE STATE OF A			
е	Other expenditures for facilities and programs	78			
f	Administrative expenses				1
g	End of year balance				
2	Provide the estimated percentage of the c	urrent year end balar	nce (line 1g, column (a	)) held as:	
a	Board designated or quasi-endowment	%			
b		ó			
C	Temporarily restricted endowment ▶	%			
0-	The percentages in lines 2a, 2b, and 2c sh	75 P		and administrated for the	
За	Are there endowment funds not in the po- organization by:	ssession of the orga	nization that are neid	and administered for the	
	(i) unrelated organizations				Yes No
	(ii) related organizations		* * * * * * *		3a(ii)
b	If "Yes" to 3a(ii), are the related organization		on Schedule R?		3b
4	Describe in Part XIII the intended uses of the	이 보통하는 하는 시간에 살아가면 하는 것이 되는 것이 없는 것이 없다.			
Part	VI Land, Buildings, and Equipmen	nt.			
	Complete if the organization ans	wered "Yes" to Fo	rm 990, Part IV, line	11a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		25,645	18,388	7,257
e Total	Other	equal Form 990 Par	X column (R) line 10	)c)	7,257
			, min (w/, mic 10	** * * * * * * * * * * * * * * * * * *	1,231

(g) Beack value   (c) Method of valuations   (g) Other (Aviations   (	Part VII	Investments – Other Securities. Complete if the organization answered	"Yes" to Form	990. Part IV. line	11b. See Form	990, Part X, line 12.
2) Closely-held equity interests		(a) Description of security or category			(c) Meth	od of valuation:
(A)   (B)	1) Financial	derivatives				
S	2) Closely-h	neld equity interests				
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Otal. (Course (b) Imust equal Form 990, Part X, col. (b) line 12.)   Part XIII   Imusements — Program Related.						
Data   Column (a) must equal Form 990, Part X, col. (B) line 12.)   Part X   Investments — Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		******				
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		***************************************				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (e) Description of investment (e) Book value (c) Book value (c	NAME OF TAXABLE PARTY.					
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State   Column (b) must equal Form 990, Part X, col. (B) line 13.)   ►	(8)			100		****
Part IX						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (c) Decomption  (b) Book value  (d) (e) Book value  (f) (e) Book value  (f)			1 4 A	9.0		
(b) Book value  (c) Decomption  (b) Book value  (c) Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Decomption of liability (b) Book value  (f) Federal income taxes  (g)	Part IX			DOO D-+ IV E	111 0 5	200 Dad V Fra 15
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	(9)					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	2,397,789
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,331,765
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	138,034		
C	Recoveries of prior year grants	2c	100,001		
d	Other (Describe in Part XIII.)	2d	264,848		
е	1111 0 11 101			2e	402,882
3	Subtract line 2e from line 1			3	1,994,907
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,994,907
Part				r Return.	
	Complete if the organization answered "Yes" to Form 990, P	art IV	7, line 12a.		<u></u>
1	Total expenses and losses per audited financial statements			1	2,572,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		-40	M.
	Donated services and use of facilities	2a	138,034	100	B
	Prior year adjustments	2b		B B B	
c	Other losses	2c	200047		
d	Add lines 2a through 2d	2d	264,847	2e	402 001
е 3	Subtract line 2e from line 1	· 🙀	# D. #	3	402,881 2,170,079
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1. 1. 1. 1		2,170,079
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11 11		
	Other (Describe in Part XIII.)	4b	Ø		
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	2,170,079
Pari	Alli Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4; P	art IV, lines 1b and 2b	; Part V, line	4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional inf	formation.	
Direct (	expenses of Fundraising Events 426,952				
Donate	d Services for Fundraising Events (45,242)				
	THE STATE OF THE S				
FMV of	Donated Auction Items (116,862)		*****		
	Ka Ka				
Part XI,	Line 2d: 264,848				
	An and a second an				
D:1	120 050				
Direct	expenses of Fundraising Events 426,952				
Donato	d Services for Fundraising Events (45,242)				
Donate	d Jervices for Fundaming Events (45,242)				
FMV of	Donated Auction Items (116,862)				
Roundi	ng Adjustment (1)				
Part XII	, Line 2d: 264,847				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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	4	
•••••••••••••••••••••••••••••••••••••••		
4		
•••••		

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

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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	ne filing of the return.				
Part VI, Line 12c:	ith the call which				
Each member of the Board of Directors has a copy of the Conflict of Interest Policy, and compliance w	nur tals 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 annual Salary Report of non-profit organizations of various sizes was used to determine the appro	priate compensation for Rally				
Foundation's CEO. All members of the Board of Directors, except the CEO and her husband, met to d	iscuss and vote on her salary.				
The salary was set based on the median salary of other non-profit organizations of similar size, plus a	2% inflation adjustment				
for 2014 (due to the age of the report). This process was 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, FL, GA, NJ, NY,	SC, TN, VA				
Part VI, Line 19:					
Rally Foundation makes available to the public all governing documents, conflict of interest policy, an	d financial statements by				
having them available for review at the Rally office as well sending them to any interested parties either	er 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	he Donated Services and Rent are				
added to the hearinning Not Access or Fund Relances, they must also be subtracted to arrive at the one	ling Note Assats or Fund Palanees				