Form	9	9	0
FOILI	•	•	•

## EXTENDED TO FEBRUARY 18, 2025 Return of Organization Exempt From Income Tax

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.



	artment of f nal Revenu	the Treasury		Form990 for instructions and the	-	formation.		Inspection
			_				024	
В	Check if applicable:	C Name of	rorganization			D Employer id	entifica	ation number
_	Address							
F	]change Name	RALL	Y FOUNDATION INC			20 10	- 0 0 1	0
F	]change Initial		usiness as			20-19		9
F	return Final		and street (or P.O. box if mail is not de GLENRIDGE DRIVE B			E Telephone nu 404-84		270
	return/ termin-							<u>270</u> 9,733,502.
	ated Amende		own, state or province, country, and NTA , GA 30328	ZIP or foreign postal code		G Gross receipts \$		
F	_lreturn ∏Applica-		nd address of principal officer:MIC	HAEL COSSLING		H(a) Is this a gro		Yes X No
	tion pending		AS C ABOVE	Intel Goodfing		H(b) Are all subordi		
<u> </u>	Tax avar		$\underline{\mathbf{X}}$ 501(c)(3) $\boxed{501(c)()}$ 501(c) ( )	(insert no.) 4947(a)(1) or [	527			st. See instructions
-	Website		RALLYFOUNDATION.OR			H(c) Group exer		
		-	==1	ssociation Other				State of legal domicile: GA
		Summary						
			e the organization's mission or most	t significant activities: RALLY	FOUNI	DATION.	A 50	1(C)(3)
Activities & Governance		ION PRO	FIT ORGANIZATION,	EMPOWERS VOLUNTEE	RS AC	CROSS THI	E CO	UNTRY TO
'nai		heck this bo		ntinued its operations or disposed				
ver			ting members of the governing body				1 1	16
ğ			lependent voting members of the go	, , , ,				14
ې مې			of individuals employed in calendar				5	20
itie			of volunteers (estimate if necessary)				6	2465
ctiv			d business revenue from Part VIII, co				7a	0.
Ā			business taxable income from Form				7b	0.
						Prior Year	1.2	Current Year
-	<b>8</b> C	Contributions	and grants (Part VIII, line 1h)			8,151,39	94.	8,996,765.
nu			ce revenue (Part VIII, line 2g)				0.	0.
Revenue			come (Part VIII, column (A), lines 3, 4			96,0	52.	478,612.
č	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c,					•	0.	
			- add lines 8 through 11 (must equal			8,247,44	46.	9,475,377.
	1		nilar amounts paid (Part IX, column (			3,101,70	50.	4,285,352.
			to or for members (Part IX, column (A				0.	0.
ŝ	·					1,248,30	06.	1,569,173.
Expenses	16a P	rofessional f	<sup>r</sup> compensation, employee benefits ( undraising fees (Part IX, column (A), ng expenses (Part IX, column (D), lin	line 11e)			0.	0.
be	ЬТ	otal fundraisi	ng expenses (Part IX, column (D), lir	ie 25) 394,935				
ш			es (Part IX, column (A), lines 11a-11d			1,554,7	58.	1,936,330.
			s. Add lines 13-17 (must equal Part			5,904,82	24.	7,790,855.
	<b>19</b> R	Revenue less	expenses. Subtract line 18 from line	12		2,342,62	22.	1,684,522.
Net Assets or Fund Balances					Beg	inning of Current		End of Year
sets alan	<b>20</b> T	otal assets (F	Part X, line 16)		[ ]	L1,671,90		13,572,785.
tAs	<b>21</b> T	otal liabilities	(Part X, line 26)			22,34		45,404.
Fun	22 N		fund balances. Subtract line 21 from	1 line 20		L1,649,61	14.	13,527,381.
Pa	art II	Signature						
			I declare that I have examined this return				-	knowledge and belief, it is
true	, correct,	, and complete	Declaration of preparer (other than office	er) is based on all information of which	preparer h			
	L	The	5 Jan			12/10/	2024	
Sig		Signature of of	$\sim$			Date		
He			GOSSLING, BOD CHA	.IR				
		Type or print n		1				
-		Print/Type pre		Preparer's signature		ite Ch		
Pai	_	JACOB A		JACOB ANSEL	12	2/10/24 <sup>if</sup> sel		P00082128
		Firm's name	ANSEL & SLOTOPOLS			Firm's El	N 20	-0452969
Use	Only	Firm's address	1131 CAMPUS DRIVE				<b>-</b>	
			MORGANVILLE, NJ 0	//51		Phone no	0.732	-536-5595

1 HA For Paperwork Reduction Act Notice see the separate instructions	222001 12 21 22
May the IRS discuss this return with the preparer shown above? See instructions	

X Yes No Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) RALLY FOUNDATION INC	20-1950849	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	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, VOLUNTEERS ACROSS THE COUNTRY TO RAISE AWARENESS AND FU CHILDHOOD CANCER RESEARCH TO FIND BETTER TREATMENTS WIT	NDS FOR	
	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?	Yes [	X No
•	If "Yes," describe these new services on Schedule O.		X No
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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	• •	
4a	(Code: )(Expenses \$ 7,246,423. including grants of \$ 4,285,352.) (Rever RALLY FOUNDATION RESEARCH GRANTS PROGRAM: RALLY FOUNDAT COMPETITIVE PEER REVIEW PROCESS, SUPPORTS ALL TYPES OF RESEARCH INCLUDING BUT NOT LIMITED TO SCIENCE AT THE BE RESEARCH), INNOVATIVE STUDIES, CLINICAL TRIALS, TARGETE STUDIES AND SURVIVORSHIP STUDIES. RALLY FOUNDATION FUND YEAR FELLOWS, YOUNG INVESTIGATORS, INDEPENDENT INVESTIG CONSORTIUMS. IN AN EFFORT TO STREAMLINE THE GRANT PROCE	ION, THROUGH CHILDHOOD CAN NCH (VERY EAR D THERAPIES, S 2ND, 3RD & ATORS AND SS, RALLY	ITS NCER RLY DNA
	FOUNDATION VETS AND CO-FUNDS RESEARCH WITH OTHER CHILDH	OOD CANCER	
	ORGANIZATIONS.		
4b	(Code:)(Expenses \$)(Rever RALLY FOUNDATION PUBLIC EDUCATION AND AWARENESS: RALLY EDUCATED MORE THAN 500,000 PEOPLE ON THE NEED FOR CHILD RESEARCH. RALLY HAS ENGAGED APPROXIMATELY 2,465 VOLUNTE CURRENT YEAR. MOST OF RALLY'S PUBLIC EDUCATION AND AWAR ARE GRASSROOTS EFFORTS TO INFORM THE PUBLIC ABOUT THE N CHILDHOOD CANCER RESEARCH.	FOUNDATION HA PHOOD CANCER ERS IN THE ENESS PROGRAM	AS (
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$	)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses7,246,423.		
		Form <b>99</b>	0 (2023)
	$2^{12-21-23}$ 210 133681 RA0849 2023.05010 RALLY FOUNDATION INC.	C RA08	491

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 Form 990 (2023)
 RALLY
 FOUNDATION
 INC

 Part IV
 Checklist of Required Schedules
 Inc

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		- 23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		- 23
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		x
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			<u> </u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
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	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form	990	(2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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		х	
04-	Schedule J	23	^	
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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
u	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_	I.I I.I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a //			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
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5 2023.05010 RALLY FOUNDATION INC

Form	990 (2023) RALLY FOUNDATION INC	20-195084	49	Pa	age <b>5</b>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
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	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Ba		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		ßb		
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)		a		Х
b	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	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	ia		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		ib ib		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		ic ic		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		~		
Ua	any contributions that were not tax deductible as charitable contributions?		ia		х
h			a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
_	were not tax deductible?	····· <b>[</b> °	6b		
7	Organizations that may receive deductible contributions under section 170(c).	i da data dha marana 0		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov		'a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		'b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require				
	to file Form 8282?		'c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required? 7	'g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C? 7	'n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9	)a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	)b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
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:				
а	Gross income from members or shareholders 11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)				
1 <b>2</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		3a		
a			<u>5a</u>		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
a	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				
	Enter the amount of reserves on hand	<u> </u>	-		X
	Did the organization receive any payments for indoor tanning services during the tax year?		4a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v
	excess parachute payment(s) during the year?		5		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	? 1	6		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	7		
	If "Yes," complete Form 6069.				
33200	5 12-21-23	F	orm	990	(2023)

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RALLY FOUNDATION INC

Form 990	) (2023)
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#### RALLY FOUNDATION INC

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management							
		ι.	1 1 6		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16					
	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 on Schedule O.		14					
b	Enter the number of voting members included on line 1a, above, who are independent	1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	-	•		x			
•	officer, director, trustee, or key employee?			2				
3	Did the organization delegate control over management duties customarily performed by or under the					x		
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5 6		X		
6 70	Did the organization have members or stockholders?			0		- 23		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7a		x		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7a		- 23		
D	persons other than the governing body?			7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			70				
a	The governing body?	-	-	8a	x			
a b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			5				
		evenu	00000.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100				
5	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,			X			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
	on Schedule O how this was done			12c	x			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	·					
а	The organization's CEO, Executive Director, or top management official			15a	Х			
	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	vith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <b>GA</b>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ind 99	0-T (section 501(c)(3	s only	) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, ar	d fina	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DEAN CROWE - 404-847-1270							
	5775 GLENRIDGE DRIVE BLDG B, SUITE 370, ATLANTA, G	SA	30328					
33200	5 12-21-23			Form	1 <b>990</b>	(2023)		
		<b></b>		<b>-</b>		\ _		
±01	210 133681 RA0849 2023.05010 RALLY FOUNDATI	UN 1	INC	RA(	284	1_1		

Part VII	Compensation of Officers,	Directors, T	Frustees, I	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	Institutional trustee		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	tiona		Key employee	st cor	-	1000 1120)		organizations
	line)	ndivid	nstitu	Officer	(ey er	Highe emplo	Former			g
(1) DEAN CROWE	45.00	-	_		-					
CO-FOUNDER & CEO		x		x				260,000.	0.	12,000.
(2) REID CROWE	45.00									
C0-FOUNDER & COO		X		X				132,083.	0.	7,304.
(3) BLAINE HESS	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) SCOTT GIVENS	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) PEGGY FULGHUM	5.00									_
CHAIR EMERITUS		Х						0.	0.	0.
(6) CAROLE ANN ORSBORN	5.00									-
DIRECTOR		Х						0.	0.	0.
(7) LARRY DEIST	5.00									
DIRECTOR		X						0.	0.	0.
(8) RYAN ELWART	5.00									
DIRECTOR		X						0.	0.	0.
(9) CHRIS GAFFNEY	5.00									
DIRECTOR	<b>– – – –</b>	Х						0.	0.	0.
(10) MICHAEL GOSSLING	5.00									
CHAIRMAN	<b>– – – –</b>	Х		X				0.	0.	0.
(11) SHANE ROACH	5.00									•
VICE CHAIR	<b>– – – –</b>	X						0.	0.	0.
(12) CHRIS ROHRBACH	5.00									0
DIRECTOR	<b>– – – –</b>	X						0.	0.	0.
(13) JOY POSTHAUER	5.00							0		0
DIRECTOR	F 00	X						0.	0.	0.
(14) ELIZABETH DAVIS	5.00							0		0
DIRECTOR	F 00	X						0.	0.	0.
(15) STEPHANIE WHITE	5.00								_	•
DIRECTOR	E OO	X						0.	0.	0.
(16) EMILY LEY	5.00	v						_	0.	<u>م</u>
DIRECTOR		X						0.	0.	0.

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	990 (2023) RALLY FOU	JNDATION	1 ]	INC	2					20-1	<u>9508</u>	349	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ighe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	not ch unles	ss pe	ition more rson irecto	Highest compensated Highest compensated	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatic from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	Estin amo of compe fror orgar and	F) mated unt of her ensation n the nization related
		line)	Individu	Instituti	Officer	Key employee	Highest	Former				organ	izations
 1b	Subtotal								392,083.		0.	19	,304.
c _d 2	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								0. 392,083. eceived more than \$100	),000 of reportab	0. 0.		0. ,304. 2
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	uch individual Im of reportab ),000? If "Yes,	le co " coi	ompe mple	ensa ete S	atior Sche	n and edule	d ot	her compensation from	the organization		3	Yes No X X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b>	-				-			-			5	X
1	Complete this table for your five highest co the organization. Report compensation for	-									npensa	ation fro	m
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Co	(C) ompens	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organiz		ot lir	niteo	d to		ise li: 0	stec	d above) who received n	nore than		-orm <b>9</b> 9	<b>90</b> (2023)

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Pa	rt V		Check if Schedule O			onse	or note to anv lir	ne in this Part VIII			
							<u></u>	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	ributio granta abov	1b           1c           1d           ons)         1e           s, and         1f           1a-1f         1g \$	2,	061,082. 935,683. 537,342.	8,996,765.			
vice	2	a					Business Code				
Program Service Revenue		b c d									
Pro			All other program service								
	3		Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of	ding	dividends, i	ntere	est, and	430,792.	430,792.		
	5		Royalties								
		b	Gross rents	6a 6b	(i) Real		(ii) Personal				
			Rental income or (loss) Net rental income or (loss)	<b>6c</b>							
			Gross amount from sales of assets other than inventory	7a	(i) Securit 88,37		(ii) Other				
Revenue			Less: cost or other basis and sales expenses Gain or (loss)	7b 7c	40,55	58. 20.					
		d	Net gain or (loss)					47,820.	47,820.		
Other			Gross income from fundraisin including \$ 6,061 contributions reported on Part IV, line 18	_ <b>, 0</b> line	82. of 1c). See		217,567.				
			Less: direct expenses				217,567.	0.			
	9	a	Net income or (loss) from Gross income from gamin Part IV, line 19	ig act	tivities. See						
			Less: direct expenses Net income or (loss) from			9b					
			Gross sales of inventory,	less r	eturns						
			and allowances Less: cost of goods sold			10a 10b					
s		C	Net income or (loss) from	sales	s of invento	ry	Business Code				
Miscellaneous Revenue	11										
even		b c									
Misc			All other revenue								
_		е	Total. Add lines 11a-11d					9,475,377.	170 610	0.	0
33200	<b>12</b>	21-	Total revenue. See instructio	ons				9,413,311.	478,612.	<u> </u>	<b>0</b> . Form <b>990</b> (2023)

Form 990 (2023)

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2023.05010 RALLY FOUNDATION INC

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<sup>10</sup> 

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,598,685.	3,598,685.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	311,667.	311,667.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	275 000	275 000		
	individuals. See Part IV, lines 15 and 16	375,000.	375,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	426,031.	379,167.	4,260.	42,604
6	trustees, and key employees Compensation not included above to disqualified	420,051.	575,107.	4,200.	42,0040
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,143,142.	1,017,397.	11,431.	114,314
8	Pension plan accruals and contributions (include	, ,	, - ,	, -	<b>,</b> -
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	56,150.	28,076.		28,074.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		FF1 100			
	column (A), amount, list line 11g expenses on Sch 0.)	551,138.	436,557.		114,581.
12	Advertising and promotion	45 000	20 207	2 6 0 7	2 105
13	Office expenses	45,009.	38,207.	3,697.	3,105.
14	Information technology				
15	Royalties				
16 17		69,243.	57,185.	7,485.	4,573.
17 10		0,243.	57,105.	7,405.	=,575
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	18,013.	14,591.	1,981.	1,441.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	778,655.	643,058.	84,174.	51,423.
b	EVENT EXPENSE	248,193.	204,973.	26,829.	16,391.
c	POSTAGE AND PRINTING	89,173.	73,644.	9,640.	5,889.
d	WEBSITE MAINTENANCE	62,700.	50,160.		12,540.
е	All other expenses	18,056.	18,056.		
25	Total functional expenses. Add lines 1 through 24e	7,790,855.	7,246,423.	149,497.	394,935.
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)				
33201	0 12-21-23				Form <b>990</b> (2023

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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 9,262,587. 7,628,497. Cash - non-interest-bearing 1 1 679,008. 552,609 2 2 Savings and temporary cash investments 18,056. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 37,069. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 39,276. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 39,276. 0. Ο. b Less: accumulated depreciation 10b 10c 2,996,400. 3,370,520. Investments - publicly traded securities 11 11 350,000. 350,000. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 11,671,961. 13,572,785. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 45,404. 22,347. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 22,347. 45,404. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,570,049. 13,460,280. Net assets without donor restrictions 27 27 79,565. 67,101. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 11,649,614. 13,527,381. Total net assets or fund balances 32 32 11,671,961. 13,572,785. 33 33 Total liabilities and net assets/fund balances ... Form **990** (2023)

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Form 990 (2023)
Part X Balance Sheet

Form	1990 (2023) RALLY FOUNDATION INC	20-	-1950	849	Pa	ge <b>12</b>
Pa	rt XI 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		,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,79		
3	Revenue less expenses. Subtract line 2 from line 1	3		,68		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,64		
5	Net unrealized gains (losses) on investments	5		20	9,5	82.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-1	6,3	35.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	,52	7,3	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	б,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

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SCHEDULE D	S
(Form 990)	(

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

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service ... of the nization

ployer	ide	ntifi	cati	on	numbe
<u> </u>	^	1 0	<b>– –</b>	0 4	

Nam	e of the organization RALLY FOUNDATION I	NC	Employer identification number 20-1950849
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		
	<b>,</b> , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(	(,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizat		,
-	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservatio	on easements during the year
~		-	
8	Does each conservation easement reported on line 2d above		
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			*
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Sche		OUNDATION					20-19			age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her S	Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e sign	ificant	use of its			
	collection items (check all that apply).									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	xempt	t purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arrang		e if the organization	n answered "Yes" o	on Fori	m 990,	Part IV, li	ne 9, or		
<u> </u>	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	•						7		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		Г			A.m.o.u.m	+	
					-	-		Amoun	L	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e 1f				
f	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
Pa							<u></u>			_
		(a) Current year	(b) Prior year	(c) Two years back	_	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,365,874.	1,365,874.				34,516.			934.
b	Contributions	, ,	, ,	, ,		,	,		, ,	
	Net investment earnings, gains, and losses			44,503		3	82,543.		-121,	116.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs			66,788			28,900.		28,	302.
f	Administrative expenses									
g	End of year balance	1,365,874.	1,365,874.	1,365,874	••	1,3	88,159.	1	,034,	516.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered fo	r the					
	organization by:								Yes	No
	(i) Unrelated organizations?									X
	(ii) Related organizations?							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm				V. Par	10				
	Complete if the organization answered		· · · · ·							
	Description of property	(a) Cost or ot	. ,			mulate	d	( <b>d)</b> Boo	k valu	е
		basis (investm	Dasis	(other) c	deprec	ation				
	Land									
	Buildings		<b> </b>							
	Leasehold improvements		2	9,276.	2	9,27	76			0.
	Equipment			, , , , , , , , , , , , , , , , , , , ,	5	, , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>			0.
	Other		V line 10e column							0.
Tota	Add lines 1a through 1e. (Column (d) must ed	quai Γ0πτ 990, ΡαΠ.		((ם) ו				D (Carr	- 000	
						;	Schedule	о (гогп	າ ລລດ)	2023

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(a) Description of security or cate	yory (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
Financial derivatives				
Closely held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
( <u>(</u> ) (H)				
(1) (Col. (b) must equal Form 99	In Part X line 12 col (B))			
art VIII Investments -				
	-	an Form 000 Port IV line	11c. See Form 990, Part X, lir	0.12
(a) Description of		(b) Book value		Cost or end-of-year market value
	TIIVeStillent			Cost of end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
	0, Part X, line 13, col. (B))			
(9)	0, Part X, line 13, col. (B))			
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets		s" on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets	ganization answered "Yes	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, lir	ne 15. (b) Book value
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Yart IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8)	ganization answered "Yes		11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9)	ganization answered "Yes (a	a) Description	11d. See Form 990, Part X, lir	
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal F	ganization answered "Yes (a	a) Description	11d. See Form 990, Part X, lir	
(9)           tal. (Col. (b) must equal Form 99           Part IX         Other Assets           Complete if the org           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Other Liabilitie	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal F Part X Other Liabilitie Complete if the org	ganization answered "Yes (a 	a) Description	11d. See Form 990, Part X, lir	(b) Book value
(9) tal. (Col. (b) must equal Form 99 (art IX) Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D	ganization answered "Yes (a 	a) Description		(b) Book value
(9) atl. (Col. (b) must equal Form 99 art IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D (1) Federal income taxes	ganization answered "Yes (a 	a) Description		(b) Book value
(9) al. (Col. (b) must equal Form 99 art IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D	ganization answered "Yes (a 	a) Description		(b) Book value
(9) atl. (Col. (b) must equal Form 99 art IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D (1) Federal income taxes	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 (art IX) Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D (1) Federal income taxes (2)	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 (art IX) Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F (9) tal. (Column (b) must equal F (1) Federal income taxes (2) (3)	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 (art IX) Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal F (9) tal. (Column (b) must equal F (1) Federal income taxes (2) (3) (4)	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal F Part X Other Liabilitie Complete if the org (a) C (1) Federal income taxes (2) (3) (4) (5) (6)	ganization answered "Yes (a 	a) Description		(b) Book value
(9) tal. (Col. (b) must equal Form 99 Part IX Other Assets Complete if the org (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal F Part X Other Liabilitie Complete if the org (a) D (1) Federal income taxes (2) (3) (4) (5)	ganization answered "Yes (a 	a) Description		(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 RALLY FOUNDATION INC			20-	1950849 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,911,734.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	209,582.		
b			243,110.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	452,692.
3	Subtract line 2e from line 1			3	9,459,042.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,335.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	16,335.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,475,377.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	8,033,965.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	243,110.		
b	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	243,110.
3	Subtract line 2e from line 1			3	7,790,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,790,855.
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4. Pa	rt IV lines 1k	and 2b <sup>.</sup> Part V line	4 <sup>.</sup> Part	X line 2: Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 provide any additional information.

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Departr	ment of the Treasury			Attach to Form 990.			Open to P	ublic
Internal	Revenue Service		ww.irs.gov/Forn	n990 for instructions and the latest i	nformation.		Inspection	
Name	e of the organization					Employer	identificatio	n number
RAL	LY FOUNDAI	ION INC				20-19	50849	
Par			Activities Ou	tside the United States. Comple	ete if the orgar	nization answ	ered "Yes" o	n
1		art IV, line 14b.	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance		
				the selection criteria used to award the			🗌 Yes	X No
2	For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistan	ce outside t	he
3				an be duplicated if additional space is I				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in ( gram service e specific typ e(s) in the regi	, exp e inv	f) Total benditures for and estments the region
3 a	Subtotal	C	0 0					0.
b	Total from continua	tion						
	sheets to Part I		0					0.
С	Totals (add lines 3a and 3b)	ι Ο						0.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

SCHEDULE F (Form 990) OMB No. 1545-0047

2023

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Schedule F (Form 990) 2023 RALLY FOUNDATION INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CANADA	PEDIATRIC	50,000.		0.		
		CANADA	PEDIATRIC	25,000.		0.		
		CANADA	PEDIATRIC	75,000.		0.		
		CANADA	PEDIATRIC	200,000.		0.		
		CANADA	PEDIATRIC	25,000.		0.		

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

5

#### RALLY FOUNDATION INC Schedule F (Form 990) 2023

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2023

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner</i> (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

332075 11-29-23		Schedule F (Form 990) 2023
	83 2023.05010 RALLY FOUNDATION INC	
401210 133681 RA0849	2023.05010 KALLY FOUNDATION INC	RA0849_1

(Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.       Open to Pub Inspection         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990 r Form 990-EZ.       Open to Pub Inspection         Name of the organization       Employer identification no 20 - 1950 849       Open to Pub Inspection         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a       Mail solicitations       e       Solicitation of government grants         b       Internet and email solicitations       f       Solicitation of government grants       Solicitation of government grants         2       Phone solicitations       g       Special fundraising events       In-person solicitations       Yes       N         2       a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       N	o
Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.       Open to Publisher Inspection         Name of the organization       Employer identification nu 2 0 - 19 5 0 8 4 9         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations         b       Internet and email solicitations         c       Phone solicitations         g       Special fundraising events         d       In-person solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	o
Dependence of the reasoly internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection         Name of the organization       RALLY FOUNDATION INC       20-1950849         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.       1         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       Yes       N         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       N	o
RALLY FOUNDATION INC       20-1950849         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         c       Phone solicitations       g         g       Special fundraising events         d       In-person solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       N	0
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations         b       Internet and email solicitations         c       Phone solicitations         g       Special fundraising events         d       In-person solicitations         g       Special fundraising events         d       In-person solicitations         y       Yes	
<ul> <li>required to complete this part.</li> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> </ul>	
<ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> </ul>	
<b>b</b> If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	paid
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Act	d by)
Yes No	
Total	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 d Gh List ow nto

		of fundraising event contributions and gr			wents with gross receip	ols greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER/AUCTI			(add col. <b>(a)</b> through
			ON (event type)	FASHION SHOW (event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	3,288,180.	2,737,388.	253,081.	6,278,649.
	2	Less: Contributions	3,094,610.	2,713,391.	253,081.	6,061,082.
$\square$	3	Gross income (line 1 minus line 2)	193,570.	23,997.		217,567.
	4	Cash prizes				
SS	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	193,570.	23,997.		217,567.
	8	Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through				217,567.
	11 rt I	Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization		990 Part IV line 19 or r		0
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, 1 art IV, inte 19, 011	eported more than	
suue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
$\dashv$	1	Gross revenue				
Sev	2	Cash prizes				
JIrect Expenses	3	Noncash prizes				
LUILIECT	4	Rent/facility costs				
	5	Other direct expenses				
Τ						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
		Volunteer labor	No No	No	No	
	7	Volunteer labor Direct expense summary. Add lines 2 through	<b>No</b>	□ No	No	
	7	Volunteer labor	<b>No</b>	□ No	No	
9	7 8	Volunteer labor Direct expense summary. Add lines 2 through	5 in column (d)	□ No	No	
а	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No	Yes No
а	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No	Yes No
а	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No	Yes No
a b 0a	7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No No	states?	□ No	
a b 0a	7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No No	states?	□ No	
a b 0a	7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No No	states?	□ No	

Sch	edule G (Form 990) 2023	RALLY	FOUNDATION INC 2	0-195	0849	Page 3
11	Does the organization conduct g	aming activiti	es with nonmembers?	L	Yes	No
12			stee of a trust, or a member of a partnership or other entity formed	_	_	
	to administer charitable gaming?			L	Yes	l No
	Indicate the percentage of gamir				1	
					_	%
					b	%
14	Enter the name and address of the	he person wh	o prepares the organization's gaming/special events books and records			
	Name					
	Address					
					_	
15a	Does the organization have a cor	ntract with a t	nird party from whom the organization receives gaming revenue?	L	Yes	└── No
k	If "Yes," enter the amount of gan			nt		
	of gaming revenue retained by th					
C	If "Yes," enter name and address	s of the third	arty:			
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	darning manager compendation	• <u> </u>				
	Description of services provided					
		— .				
	Director/officer		ee Independent contractor			
17	Mandatory distributions:					
	•	er state law to	make charitable distributions from the gaming proceeds to			
					Yes	
k	Enter the amount of distributions	required und	er state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activi	-				
Pa			ovide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III	, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable.	Also provide any additional information. See instructions.			
3320	83 09-13-23			chedule (	G (Form	990) 2023
		-	86			

332084 04-01-23		07		
				Schedule G (Form 990)

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compi		Attach to Forn		1 (1 <b>v</b> , inte 2 1 of 22.		Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization RALLY FOU	NDATION I	NC					Employer identification number $20-1950849$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?	oring the use of grant	funds in the Unite	d States.			Yes X No
Part II Grants and Other Assistance to	-			• •	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than		•			(f) Method of		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARMS WIDE OPEN CHILDHOOD CANCER FOUNDATION - 3 DICKSON ROAD - MARLBORO, NJ 07746	27-0811733		31,250.	0.			PEDIATRIC CANCER STUDY
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON , TX 77030	74-1613878		250,000.	0.			PEDIATRIC CANCER STUDY
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115			25,000.	0.			PEDIATRIC CANCER STUDY
CHILDREN'S CANCER THERAPY DEVELOPMENT INSTITUTE - 9025 NE VON NEUMANN DR, STE 110 - HILLSBORO, OR 97006			50,000.	0.			PEDIATRIC CANCER STUDY
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977		75,000.	0.			PEDIATRIC CANCER STUDY
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3501 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-2237932		50,000.	0.			PEDIATRIC CANCER STUDY
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) RALLY FOU							0-1950849 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizatior	ns and Domestic G	overnments (Sche	edule I (Form 990), Pa I	art II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PITTSBURGH							
FOUNDATION - 4401 PENN AVE -							
PITTSBURGH, PA 15224	25-1865744		50,000.	0.			PEDIATRIC CANCER STUDY
CHILDREN'S NATIONAL MEDICAL CENTER							
111 MICHIGAN AVE NW	52-1654453		50 000	0.			DEDIAMDIC CANCED CHUDY
WASHINGTON, DC 20010	52-1654453		50,000.	0.			PEDIATRIC CANCER STUDY
CHILDREN'S RESEARCH INSTITUTE							
111 MICHIGAN AVE NW							
WASHINGTON , DC 20010	52-1654453		50,000.	0.			PEDIATRIC CANCER STUDY
CURESEARCH FOR CHILDREN'S CANCER							
PO BOX 45781	05 4120414		1.60,000				
BALTIMORE, MD 21297-5781	95-4132414		160,000.	0.			PEDIATRIC CANCER STUDY
DANA FARBER CANCER INSTITUTE							
450 BROOKLIKE AVE							
BOSTON, MA 02215	04-2263040		278,000.	0.			PEDIATRIC CANCER STUDY
EMORY UNIVERSITY							
1510 CLIFTON ROAD STE 5017			100.000				
ATLANTA, GA 30322	58-0566256		100,000.	0.			PEDIATRIC CANCER STUDY
FRED HUTCHINSON CANCER CENTER							
L100 FAIRVIEW AVE N							
SEATTLE, WA 98109	91-1935159		50,000.	0.			PEDIATRIC CANCER STUDY
JOHN HOPKINS UNIVERSITY							
5225 SMITH AVENUE							
BALTIMORE, MD 21209	52-0595110		350,000.	0.			PEDIATRIC CANCER STUDY
LEUKEMIA & LYMPROME SOCIETY							
3 INTERNATIONAL DRIVE, STE 200							
RYE BROOK, NY 10573	13-5644916		100,000.	0.			PEDIATRIC CANCER STUDY

Schedule I (Form 990) RALLY FOU							0-1950849 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizatior	ns and Domestic G	overnments (Sche	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BRAIN TUMOR SOCIETY							
3963 MAPLE AVENUE, SUITE 39							
DALLAS, TX 75219	04-3068130		100,000.	0.			PEDIATRIC CANCER STUDY
ONCOHEROES BIOSCIENCES, INC			100,000.	0.			PEDIATRIC CANCER STUDY
OSTEOSARCOMA INSTITUTE							
3963 MAPLE AVENUE, SUITE 39							
DALLAS, TX 75219			100,000.	0.			PEDIATRIC CANCER STUDY
REGENTS OF THE UNIVERSITY OF							
MICHIGAN - 3003 S STATE ST 5082 -							
WOLVERINE TWR, MI 48109	38-6006309		25,000.	0.			PEDIATRIC CANCER STUDY
RUTGERS, THE STATE UNIVERSITY							
57 US HIGHWAY 1							
NEW BRUNSWICK, NJ 08901-8554			50,000.	0.			PEDIATRIC CANCER STUDY
SEATTLE CHILDREN'S HOSPITAL D/B/A							
SEATTLE CHILDREN'S RESEARCH							
INSTITUTE - PO BOX 5371 MS RC-507							PEDIATRIC CANCER STUDY
- SEATTLE, WA 98145	91-0564748		150,000.	0.			PEDIATRIC CANCER STUDY
SLOAN KETTERNING INSTITUTE FOR							
CANCER RESEARCH - 1275 YORK AVENUE							PEDIATRIC CANCER STUDY
ZRC-13S - NEW YORK, NY 10065			100,000.	0.			PEDIATRIC CANCER STUDY
				••			
SONALASENSE, INC.							
2600 TENTH ST							
BERKELEY, CA 32611			75,000.	0.			PEDIATRIC CANCER STUDY
ST JUDE CHILDREN'S RESEARCH							
HOSPITAL, INC 262 DANNY THOMAS							
PLACE - MEMPHIS , TN 38105	35-1044585		158,452.	Ο.			PEDIATRIC CANCER STUDY

#### Schedule I (Form 990) RALLY FOUNDATION INC

Schedule I (Form 990) RALLI FOU	NDAIION I	NC				2	10-1930649 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY							
450 JANE STANFORD WAY							
STANFORD, CA 94305			50,000.	0.			PEDIATRIC CANCER STUDY
THE CHILDREN'S HOSPITAL OF				••			
PHILADELPHIA RESEARCH INSTITUTE -							
1801 N BROAD STREET -							
PHILADELPHIA, PA 19122	23-2237932		250,000.	0.			PEDIATRIC CANCER STUDY
	25 2257552		230,000.				
THE JOHN HOPKINS UNIVERSITY							
6225 SMITH AVENUE							
BALTIMORE, MD 21209	52-0595110		25,000.	0.			PEDIATRIC CANCER STUDY
,,			,				
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - 1450 3RD STREET ROOM							
230 - SAN FRANCISCO, CA 94143	94-6036493		25,000.	0.			PEDIATRIC CANCER STUDY
			, ,				
THE REGENTS OF THE UNIVERSITY OF							
MICHIGAN - 3003 S STATE ST 5082 -							
WOLVERINE TWR, MI 48109	38-6006309		100,000.	0.			PEDIATRIC CANCER STUDY
THE RESEARCH INSTITUTE OF							
NATIONWIDE CHILDREN'S HOSPITAL -							
700 CHILDRENS DR - COLUMBUS, OH							
43205	31-6056230		50,000.	0.			PEDIATRIC CANCER STUDY
THE ROCKEFELLER UNIVERSITY							
1230 YORK AVE							
NEW YORK, NY 10065	13-1624158		100,000.	0.			PEDIATRIC CANCER STUDY
THE TRUSTEES OF COLUMBIA							
UNIVERSITY IN THE CITY OF NEW YORK							
- LOW MEMORIAL LIBRARY,535 W 116TH							
ST - NEW YORK, NY 10027			25,000.	0.			PEDIATRIC CANCER STUDY
THE UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - 1600 7TH AVE SOUTH -							
BIRMINGHAM, AL 35233	63-6005396		120,986.	0.			PEDIATRIC CANCER STUDY

#### RALLY FOUNDATION INC Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO							
235 S HARPER COURTH 4TH FL							
CHICAGO, IL 60615	36-2177139		75,000.	0.			PEDIATRIC CANCER STUDY
HE UNIVERSITY OF TEXAS							
SOUTHWESTERN MEDICAL CENTER - 5323							
ARRY HINES BLVD - DALLAS, TX							
5390			50,000.	0.			PEDIATRIC CANCER STUDY
VASHINGTON UNIVERSITY							
7425 FORSYTH BLVD							
ST LOUIS, MO 63105	43-0653611		100,000.	٥.			PEDIATRIC CANCER STUDY
ALE UNIVERSITY							
PO BOX 208356							
NEW HAVEN, CT 06520	06-0646973		50,000.	0.			PEDIATRIC CANCER STUDY

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FAMILY EMERGENCY FUND-ASSISTANCE PROVIDED DIRECTLY					
TO PROVIDER	0	0.	٥.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47		
	Drm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2023				
•	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			ΖU	20	)		
Dena	rtment of the Treasury	Attach to Form 990.		Open to				
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	ne of the organizatio		Employer i			mber		
		RALLY FOUNDATION INC	20-1	95084	9			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com	panions Payments for business use of personal re- cation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffe	ur, chei)					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
D		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	n committee Written employment contract						
	Independent of	compensation consultant Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а		e payment or change-of-control payment?				X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
С		eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only a state to f							
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	011					
	contingent on the r			50		x		
a h	Any related organiz	ation?		5a 5b		X		
5		ation? or 5b, describe in Part III.		55				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
Ŭ	contingent on the r							
а	•	······································		6a		x		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	n 53.4958-6(c)?		9				
For		ion Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990	) 2023		

LHA 332111 11-06-23

17401210 133681 RA0849

#### 20-1950849

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEAN CROWE	(i)	260,000.	0.	0.	12,000.	0.	272,000.	0.
CO-FOUNDER & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

23

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

20 - 1950849

20

Name of the organization

#### RALLY FOUNDATION INC

Par	rt I Types of Property								
		(a)	(b)	(c)	h	(d			
		Check if applicable	Number of contributions or	Noncash contril amounts report		Method of d noncash contrib		•	
		applicable		Form 990, Part VII		TIONCASH CONTINU	ution a	mount	.5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SUPPLIES )	Х	0	488	,465.	FAIR MARKE	r va	LUE	
26	Other (FOOD & BEVERAGE)	Х	0			FAIR MARKE			
27	Other (AUCTION ITEMS)	Х	0			FAIR MARKE			
28	Other (				-				
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for c	ontributions					
	for which the organization completed Form 828				29				
								Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandar	d contribu	itions?	31	Х	
	Does the organization hire or use third parties of								
	contributions?		-				32a		x
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column	(a) is che	cked,			

describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

17401210 133681 RA0849

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, LINE 32B:

Part II

#### THE ORGANIZATION HAS A GIFT ACCEPTANCE POLICY AND GATHERS THE NECESSARY

#### INFORMATION TO REALIZE THE FAIR MARKET VALUE.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2023
Open to Public
Inspection
Employer identification number

RALLY FOUNDATION INC

20-1950849

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RAISE AWARENESS AND FUNDS FOR CHILDHOOD CANCER RESEARCH TO FIND BETTER

TREATMENTS WITH FEWER LONG TERM SIDE EFFECTS AND, ULTIMATELY, CURES.

FORM 990, PART VI, SECTION A, LINE 2:

DEAN CROWE - FOUNDER & CEO; REID CROWE - FOUNDER & COO HAVE A FAMILY

RELATIONSHIP. THE ORGANIZATION DOES NOT DO OR OFFER LOANS TO OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 AND SUPPORTING SCHEDULES WAS FURNISHED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO THE FILING OF THE RETURN. A COPY OF THE 990 WAS PROVIDED TO THE TREASURER PRIOR TO FILING. HE FORWARDED THIS COPY TO THE BOARD MEMBERS AFTER HER REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS HAS A COPY OF THE CONFLICT OF

INTEREST POLICY AND COMPLIANCE WITH THIS POLICY IS DISCUSSED ANNUALLY AT A

BOARD OF DIRECTORS MEETING. THERE HAVE BEEN NO CONFLICTS OF INTEREST TO

DATE.

FORM 990, PART VI, SECTION B, LINE 15: AN ANNUAL SALARY REPORT OF COMPARABLE NON-PROFIT ORGANIZATIONS WAS USED TO DETERMINE THE APPROPRIATE COMPENSATION FOR RALLY FOUNDATION'S CEO. THE BOARD OF DIRECTORS (EXLUDING THE CEO AND SPOUSE) MET, REVIEWED, AND VOTED ON THE ASSIGNED SALARY AND BONUS FOR 2023. THE SALARY IS BASED ON THE MEDIAN SALARIES FOR THE CEOS OF OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 99

lame of the organization	Employer identification number
RALLY FOUNDATION INC	20-1950849
IIIIIII FOODERITON INC	20 1990049
SIZE AND A MODEST INFLATION ADJUSTMENT MAY BE IMPLEMENTED	) AS WELL AS A
BONUS IF DEEMED REASONABLE. ANY BONUS WOULD BE BASED UPO	I THE GOALS OF THE
ORGANIZATION, AND A DISCRETIONARY BONUS FOR EXEMPLARY PE	RFORMANCE IN
FURTHERING THE MISSION OF THE FOUNDATION. THIS PROCESS W	OULD BE DOCUMENTED

THE SAME GOES FOR ANY OTHER OFFICERS THAT RECEIVE COMPENSATION. AN ANNUAL SALARY REPORT OF COMPARABLE NON-PROFIT ORGANIZATIONS IS USED TO DETERMINE THE APPROPRIATE COMPENSATION. THE COO SALARY IS BASED UPON THE MEDIAN SALARIES FOR COMPARABLE ROLES OF SIMILAR SIZE ORGANIZATIONS. THIS PROCESS IS ALSO DOCUMENTED IN THE MINUTES. THE HUMAN RESOURCE COMMITTEE (EXLUDING THE CEO AND SPOUSE AND OFFICER POSITION BEING DISCUSSED) MET, REVIEWED, AND VOTED ON THE ASSIGNED SALARY FOR THE COO POSITION FOR 2023.

FORM 990, PART VI, SECTION C, LINE 19:

EACH MEMBER OF THE BOARD OF DIRECTORS HAS A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLIANCE WITH THIS POLICY IS DISCUSSED ANNUALLY AT A BOARD OF DIRECTORS MEETING. THERE HAVE BEEN NO CONFLICTS OF INTEREST TO DATE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

#### RALLY FOUNDATION DOES NOT OFFER OR ACCEPT LOANS TO OR FROM OFFICERS.

332212 11-14-23

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