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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2014, and ending 20 15 For the 2014 calendar year, or tax year beginning 04/01 D Employer identification number Check if applicable C Name of organization RALLY FOUNDATION, INC. Address change Doing business as Children's Cancer Research and Family Assistance Foundation 20-1950849 E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change 404-847-1270 П Initial return Suite 370 5775 Glenridge Drive, Building B City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Amended return Sandy Springs, GA 30328 G Gross receipts \$ H(a) Is this a group return for subordinates? Yes Vo No Application pending F Name and address of principal officer Dean Crowe, Founder & CEO H(b) Are all subordinates included? 🔲 Yes 🔲 No Same as above If "No." attach a list (see instructions) Tax-exempt status 501(c)(3) 301(c) () ◀ (insert no) ☐ 4947(a)(1) or www.rallyfoundation.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association Other ▶ L Year of formation 2005 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Activities & Governance Rally Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds for childhood cancer research to find better treatments with fewer long-term side effects and, ultimately, cures. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 5,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 8 Contributions and grants (Part VIII, line 1h) 1,789,557 2,227,800 9 Program service revenue (Part VIII, line 2g) O 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,497 2,952 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . (234,050)(235,845)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,558,004 1,994,907 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 1,238,071 1,781,888 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 170,495 212,775 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 154,351 175,416 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line:25) 1,562,917 2,170,079 Revenue less expenses. Subtract line 18 from line 12______. (4.913)(175.172)Fnd of Year Beginning of Current Year Total assets (Part X, line 16) 20 1,136,956 1,172,972 21 Total liabilities (Part X, line 26) . 688,164 899,351 22 Net assets or fund balances. Subtract line 21 from line 20. 448.792 273,621 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 ıf Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.



🗌 Yes 🗌 No Form **990** (2014)

art	90 (2014)				Page
		Statement of Program Service		- D4 III	_
<u> </u>				s Part III	• • • -
1		describe the organization's mis		thethe naine assessment and for	.mdc
			organization, empowers volunteers acre etter treatments with fewer long-term sign	oss the country to raise awareness and fu	irius
	ior cn	lidnood cancer research to find be	etter treatments with rewer long-term sit	ue effects and, unimatery, cures	
2	Did th	ne organization undertake any su	gnificant program services during the	vear which were not listed on the	
_	prior	•			Yes 🗹 No
3		he organization cease conduct	ring, or make significant changes in		Yes ☑ No
	If "Ye	s," describe these changes on S	chedule O.		
4	exper	nses. Section 501(c)(3) and 501(service accomplishments for each of c)(4) organizations are required to re y, for each program service reported.	its three largest program services, as port the amount of grants and allocation	measured bons to others
4a	(Code	e:) (Expenses \$ Foundation Research Grants Prog	1,741,624 including grants of \$	1,731,296) (Revenue \$)
	Rally	Foundation, through its competitive	e peer review process, supports all typ	es of childhood cancer research including	
	+			ar Fellows. In an effort to streamline the o	
				ncer organizations Rally Foundation give	
	their r	esearch grants once a year, during	g the fourth quarter of its fiscal year - Ja	anuary through March In fiscal year 2014	-2015,
				untry, bringing it's total grants to over \$7 i	
4b	(Code	e·) (Expenses \$	28,393 including grants of \$) (Revenue \$)
4b	•) (Revenue \$)
4b	Rally	Foundation Public Education and	Awareness:)
4b	Rally Rally	Foundation Public Education and Foundation has educated more the	Awareness: an 450,000 people on the need for child) (Revenue \$ hood cancer research and has engaged essions. Most of Rally's Public Education	
4b	Rally Rally appro	Foundation Public Education and Foundation has educated more the eximately 5,000 volunteers. In 2014	Awareness: an 450,000 people on the need for child	hood cancer research and has engaged ssions. Most of Rally's Public Education	
4b	Rally Rally appro	Foundation Public Education and Foundation has educated more the eximately 5,000 volunteers. In 2014	Awareness: an 450,000 people on the need for child I, Rally had over 22 million media impre	hood cancer research and has engaged ssions. Most of Rally's Public Education	
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4b	Rally Rally appro	Foundation Public Education and Foundation has educated more the eximately 5,000 volunteers. In 2014	Awareness: an 450,000 people on the need for child I, Rally had over 22 million media impre	hood cancer research and has engaged ssions. Most of Rally's Public Education	
4b	Rally appro and A	Foundation Public Education and Foundation has educated more the eximately 5,000 volunteers. In 2014 wareness Programs are grassroot	Awareness: an 450,000 people on the need for child b, Rally had over 22 million media impre s efforts to inform the public about the	hood cancer research and has engaged essions. Most of Rally's Public Education need for childhood cancer research	
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) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

orm 99	D (2014) Page 2
Part	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, empowers volunteers across the country to raise awareness and funds
	for childhood cancer research to find better treatments with fewer long-term side effects and, ultimately, cures
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 1,741,624 including grants of \$ 1,731,296) (Revenue \$) Rally Foundation Research Grants Program:
	Rally Foundation, through its competitive peer review process, supports all types of childhood cancer research including but not limited to science at the bench (very early research), innovative studies, clinical trials, targeted therapies, DNA studies, and survivorship studies. Rally Foundation also funds second, third, and fourth year Fellows. In an effort to streamline the grant process, Rally Foundation vets and co-funds research with other childhood cancer organizations. Rally Foundation gives
	their research grants once a year, during the fourth quarter of its fiscal year - January through March. In fiscal year 2014-2015, Rally Foundation awarded more than \$1 7 million to 30 hospitals across the country, bringing it's total grants to over \$7 million.
4b	(Code:) (Expenses \$ 28,393 including grants of \$) (Revenue \$)
	Rally Foundation Public Education and Awareness:
	Rally Foundation has educated more than 450,000 people on the need for childhood cancer research and has engaged approximately 5,000 volunteers In 2014, Rally had over 22 million media impressions. Most of Rally's Public Education
	and Awareness Programs are grassroots efforts to inform the public about the need for childhood cancer research.
4c	(Code) (Expenses \$ 50,592 including grants of \$ 50,592) (Revenue \$)
	Rally Foundation Family Emergency Fund:
	Rally Foundation has established a resource for parents whose children are currently going through treatment
	or cancer and need additional help with financial responsibilities.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$1,820,609

Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√ .	- 110
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			;
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10 000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	-	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_ZUD		

Form 99	0 (2014)	_		Page 4
Part I	V Checklist of Required Schedules (continued)			
` •	Did the annual transfer was then \$5,000 of wents or other appropriate any demostic arganization or		Yes	No
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	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	m 990	1 (2014)

Part				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	• •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
	,			
b	If "Yes," enter the name of the foreign country: ►		,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	E-		/
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.		
	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			ŀ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	-
	and services provided to the payor?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			١.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
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.		ļ	١.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		İ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	r
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		 	t
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	138	 	\vdash
_	Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans			
_	<u> </u>	1		
C		14-	-	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L_

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	rough 7b below, s in Schedule O. S	and ee ins	for a structi	"No" ions.
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 13			'
	If there are material differences in voting rights among members of the governing body, or				· '
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 12			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			
	any other officer, director, trustee, or key employee?		2	✓	
3	Did the organization delegate control over management duties customarily performed by or				1
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		1
6	Did the organization have members or stockholders?		6		✓_
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			١.
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			1
	stockholders, or persons other than the governing body?		7b		Ľ
8	Did the organization contemporaneously document the meetings held or written actions un	idertaken during			
	the year by the following.				·
а	The governing body?		8a	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C				,
0			9	odo l	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Policies (This Section B requests information about policies not required by the	e internai neven	ue C	Yes	No
10-	Did the agreement on house local characters branches or affiliates?		10a	103	
10a	Did the organization have local chapters, branches, or affiliates?	f such chanters	iva		
b	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	1	İ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	1	ļ .
c	Did the organization regularly and consistently monitor and enforce compliance with the				
ŭ	describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13	1	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review a	and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	✓	
b	Other officers or key employees of the organization	•	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement			
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio		ľ		
	participation in joint venture arrangements under applicable federal tax law, and take steps				
	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b	<u> </u>	
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O			(-\/O\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	ina 990-1 (Section	1 501((C)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	tt-1- 01			
	Own website Another's website Upon request Other (explain in Sc		A1	mel	= '
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of Int	erest	holic	y, and
00	financial statements available to the public during the tax year	احمد مناممط واوو	- المراجعة		
20	State the name, address, and telephone number of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person who possesses the organization of the person of		coras		
	Christi Kruse, 5775 Glenridge Drive, Building B. Suite 370, Sandy Springs, GA 30328 404-847-1270	UL 0/0-4/1-UZ40			

	•		
Form	990	(2014)	

Page 7

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

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

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

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

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

Check this box if neither the organization	on nor any related	d orga	anız			ompe	nsa	ted any currer	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	unles	Pos neck ss pe	rson	e than control Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Esumated amount of other compensation from the organization and related organizations
(1) Dean Crowe - Founder & CEO	45	√	e	✓		ted.		440,400		
(2) Christi Kruse - Treasurer	15	V						118,420 22,168		
(3) Peggy Fulghum - Chair	5	1						0		
(4) Carole Anne Orsborn - Secretary	5	1						0	0	
(5) Reid Crowe - Co-founder	5	1						0	0	
(6) Blaine Hess - Vice-president	5	1						0	0	(
(7) Joy Posthauer - Vice-president	5	1						0	0	
(8) Kevin Isakson - Vice-president	5	1						0	0	
(9) Larry Deist - Vice-president	5	1						0	0	(
(10) Todd Ewing - Vice-president	5	1						0	0	. (
(11) Scott Givens - Vice-president	5	1			<u></u>			0	0	(
(12) Chris Gaffney - Vice-president	5	1	ļ					0	0	(
(13) Shane Roach - Vice President	5	1					_	0	0	
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (conti	inued)		
•		(C) Position											
	(A)	(B)	(do n	ot ch			e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	Average box, unless person is both an Reportable Report								1	stimated mount of	
		·			_		 -	from	related		other		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ng dig	Former	the	organizations (W-2/1099-MISC)		npensati	
		related organizations	rect	Lit in	ĝ	mg	est	er	organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	1	from the ganizatio	
		below dotted	이 라	nal		ĕ	econ		,			nd relate	
		line)	uste	T.		ee	per		1		org	janizatioi	ns
			ď	stee			Highest compensated employee			!			
			ļ		<u> </u>	ļ	ä	<u> </u>			<u> </u>		
(15)		ļ	ļ]				
					<u> </u>								
(16)									1				
74.70						<u> </u>	ļ. —	├-	 		 		
(17)		ļ	}										
(10)						_	ļ <u>.</u>	├			 		
(18)		 	ł										
(10)							-		 		 		
(19)		 					ĺ						
(20)					<u> </u>	-	 	\vdash	 		 		
(20)		 	1										
(21)								-			 		
75.17		 	ł			1	1	1					
(22)					-	_							
35.77		 					1						
(23)					_			┢			 		
3577			1										
(24)									·		1		
35.17		†	İ]		
(25)													
30111111		†	1										
1b	Sub-total		•					>	140,588	C			0
С	Total from continuation sheets to Part	VII, Sectio	n A					•	0	0			0
d	Total (add lines 1b and 1c)								140,588	O C			0
2	Total number of individuals (including but	t not limited	to th	nose	list	ed :	above	e) w	ho received m	ore than \$100,0	00 of		
_	reportable compensation from the organ	zation ►	_										
												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensat	I		-
	employee on line 1a? If "Yes," complete										3		/
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$1					s, "	complete Sch	edule J for su			
	ındıvıdual		• •				•				. 4		↓ ✓
5	Did any person listed on line 1a receive of									ation or individi			1
	for services rendered to the organization	? IT Yes, C	compi	ete	SCI	ieat	ile J i	Or S	sucri persori	· · · ·		Ш	<u> </u>
	on B. Independent Contractors		-			4					00.000		
1	Complete this table for your five highest compensation from the organization. Rep												tav
	year.	Jort Compe	iisalii	או ווכ	טו נו	1 6 6	alelic	iai y	real ending wit	ii or within the t	nyannza	uon s	lax
								Τ	(B)				
	(A) Name and business add	iress							(B) Description of s	ervices		C) ensation	
								 	 				
								 					
								\vdash					
								\vdash					
-								 					
2	Total number of independent contractor	ors (includii	ng bu	ut n	ot	limit	ed to	th	ose listed ab	ove) who			
	received more than \$100,000 of compen								0				

Part	VIII	Statement of Revenue	a any lina in thia	Dort VIII		
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a 101,309 Membership dues 1b 0				<u>-</u>
i, G	c	Fundraising events 1c 826,635				
3ifts ar A	d	Related organizations 1d 0				
imi	е	Government grants (contributions) 1e 0				
utior er S	f	All other contributions, gifts, grants,				
rib E		and similar amounts not included above 1f 1,299,856				
ont nd (g	Noncash contributions included in lines 1a-1f. \$ 196,9631				
	h	Total. Add lines 1a–1f	2,227,800	·=		
Program Service Revenue	2a					
Rev	b					
<u>.</u>	С					· · · · · · · · · · · · · · · · · · ·
Serv	d					
Æ	е					
ogra	f	All other program service revenue .				
<u>~</u>	g	Total. Add lines 2a–2f ▶			T	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	2,952			2,952
	5	Royalties		* . =-		<u>-</u>
		(i) Real (ii) Personal				
	6a	Gross rents .		*	,	•
	b	Less. rental expenses			* *	< %
	С	Rental income or (loss)			* * * * * * * * * * * * * * * * * * * *	* * *
	_d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				,
	ь	Less cost or other basis				*
	"	and sales expenses .				
	c	Gain or (loss)		,		,
	d	Net gain or (loss)	·	•	, , , , , , , , , , , , , , , , , , ,	
_		, ,				
venue	8a	Gross income from fundraising		×		1
š		events (not including \$ 826,635		× ->		1
æ		of contributions reported on line 1c). See Part IV, line 18 a 191.107				1
Other Re			1 1	4		. !
ō		Less direct expenses . b 426,952 Net income or (loss) from fundraising events .	(235,845)	>		(235,845)
		Gross income from gaming activities.	(233,043)			(233,043)
		See Part IV, line 19 a		*		
	ь	Less: direct expenses b]			
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a			,	
	b	Less. cost of goods sold b			İ	
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a					1
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	1 994 907		I	1 994 907

Form 990 (2014) Page 10 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 response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 1,731,296 1,731,296 Grants and other assistance to domestic 2 individuals See Part IV, line 22 50,592 50,592 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees . . 94,475 89,567 2,454 2,454 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . 97,946 74,690 20,998 2,258 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,004 4,506 360 138 9 Other employee benefits . . . 663 523 131 9 Payroll taxes 10 14,687 11,584 2,896 207 11 Fees for services (non-employees). Management b Legal Accounting . . . C 25,168 19,883 4,782 503 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 37,167 29,451 21 7,695 Advertising and promotion 12 13 14 15 16 17 18 19 20 21 22 23 24

Office expenses	26,847	17,969	3,548	5,330
Information technology	9,053	8,047	0	1,006
Royalties				
Occupancy				
Travel	15,282	14,369	0	913
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	4,349	3,867	0	482
Interest				
Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
Depreciation, depletion, and amortization .	4,043	3,194	768	81
Insurance	5,207	4,114	989	104
Other expenses. Itemize expenses not covered				•
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				*
Supplies	41,481	25,868	0	15,613
Printing	6,819	0	0	6,819
All other expenses				
Total functional expenses. Add lines 1 through 24e	2,170,079	2,089,520	36,947	43,612
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 ŠOP 98-2 (ASC 958-720)				5 000
				Form 990 (2014)

а b С d е

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 Cash-non-interest-bearing 72,132 200,165 2 2 Savings and temporary cash investments 956,352 952,115 3 3 100,325 935 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 7 Notes and loans receivable, net . . 8 8 Inventories for sale or use . . . 3,606 9 9 Prepaid expenses and deferred charges 12,500 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 25,645 10b 10c b Less accumulated depreciation (18,388)4,541 7,257 11 11 Investments—publicly traded securities . 12 12 Investments-other securities See Part IV, line 11 . . . 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV. line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,136,956 1,172,972 17 17 Accounts payable and accrued expenses . . . 40,214 27,083 18 18 647,950 872,268 19 19 Deferred revenue 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 688,164 26 26 899,351 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 324,266 242,445 27 28 Temporarily restricted net assets 124,526 31,176 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. Ret 448,792 33 33 Total net assets or fund balances 273,621 1,136,956 1,172,972 34 Total liabilities and net assets/fund balances Form **990** (2014)

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Form 99	90 (2014)			P	age IZ
Part	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		1,9	94,907
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	70,079
3	Revenue less expenses Subtract line 2 from line 1	3		(17	5,172)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	48,792
5	Net unrealized gains (losses) on investments	5		- 10	0
6	Donated services and use of facilities	6		1	38,034
7	Investment expenses	7			0
8	Prior period adjustments	8			1
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(13	8,034)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	73,621
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>: : :</u>	<u> </u>	1	<u>, U</u>
			,	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in	1.	` ;
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	ļ	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		. :
	reviewed on a separate basis, consolidated basis, or both		ľ		
	Separate basis Consolidated basis Both consolidated and separate basis		-	1.	
þ	Were the organization's financial statements audited by an independent accountant?	• . •	. 2b	✓	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		' '
	separate basis, consolidated basis, or both.] ;
	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 o			,	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			1	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	piain			1 :
_	Schedule O.	forth		- ∤ - '	'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iortn	1		
	the Single Audit Act and OMB Circular A-133?		· 3a	-	├✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		^{1е} Зь		
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	uuits.	1	000	1004 ::
			Fo	rm サザし	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name	of the organization	-				Employer identification	number
Rally	Foundation, Inc.		·			20-19	
Par							ns.
	rganization is not a private founda						
	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
	A school described in section						
	A hospital or a cooperative hos	spital service org	janization described ii	n section	170(b)(1)(A)(iii).	***
4	A medical research organization hospital's name, city, and state	e.					
5	An organization operated for section 170(b)(1)(A)(iv). (Comp	olete Part II)					al unit described in
6 7	A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described ii			art II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives. (1) mod to its exempt nt income and fter June 30, 197	re than 331/3% of its functions—subject to unrelated business to 5.5 See section 509(a)	support for certain for taxable in the contract of the certain of	exception ncome (la nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 331/3% of its
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 110	operated exclusions de organizations de contractions e contractions de contractions de contractions de contraction de contr	vely for the benefit of, escribed in section 5 0	to perfori 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check
а							
b						n(s), by having ge the supported	
С	Type III functionally integra its supported organization(s)	ited A supportin	ng organization operat	ed in cor te Part IV	nection v /, Sectio i	with, and functionally	y integrated with,
d	Type III non-functionally intended that is not functionally integrated requirement (see instructions	ated The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	ed organization(s) an attentiveness
е	Colored attended and the analysis	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported of						
g			orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See mondonoms))	Yes	No		
(A)							
(B)						-	
(C)						-	
(D)							
(E)			-				
Tota							

Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

OCCL	on A. i dono cupport						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					_ [
	membership fees received. (Do not						
	include any "unusual grants.")	1,357,942	1,682,493	1,801,541	2,042,975	2,394,837	9,279,788
2	Tax revenues levied for the					l	
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,357,942	1,682,493	1,801,541	2,042,975	2,394,837	9,279,788
5	The portion of total contributions by				>		
	each person (other than a				ч		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	į					
	shown on line 11, column (f)						636,747
6	Public support. Subtract line 5 from line 4.						8,643,041
Secti	on B. Total Support		·				
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,357,942	1,682,493	1,801,541	2,042,975	2,394,837	9,279,788
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5,669	3,102	1,987	2,497	2,952	16,207
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						9,295,995
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					<u> </u>
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2014 (line	6, column (f) d	ivided by line 1	1, column (f))		14	92.98 %
15	Public support percentage from 2013 Sci	hedule A, Part	II, line 14 .			15	95.24 %
16a	331/3% support test-2014. If the organi				d line 14 is 33¹	13% or more, cl	neck this
	box and stop here. The organization qua						. ▶ ☑
b	331/3% support test-2013. If the organ	nization did no	ot check a box	on line 13 or	16a, and line	: 15 is 331/3%	or more,
	check this box and stop here. The organ	ızatıon qualıfıe	s as a publicly	supported org	janization .		▶ □
17a	10%-facts-and-circumstances test - 2	014. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets the "I						upported
	organization						. ▶ 🗀
b	10%-facts-and-circumstances test-2	013. If the ora:	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
_	15 is 10% or more, and if the organiza	tion meets the	e "facts-and-ci	rcumstances"	test, check th	ns box and ste	op here.
	Explain in Part VI how the organization in	neets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as a	publicly
	supported organization						். ▶ 🛛
18	Private foundation. If the organization d						
-	instructions						. ▶ □

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

Name of	the organization		Employer identific	cation number
Rally F	oundation, Inc.			0-1950849
Par		sed Funds or Other Similar Fun	ds or Accour	nts.
	Complete if the organization answered "			
		(a) Donor advised funds	(b) Fund:	s 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 at end of year		· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donors	advisors in writing that the assets he	eld in donor ac	dvised
•	funds are the organization's property, subject to the			· · □ Yes □ No
6	Did the organization inform all grantees, donors, aronly for charitable purposes and not for the benefit	nd donor advisors in writing that gran	it funds can be or any other pu	used
Part	Conservation Easements.			
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (e.g., recreation)	•	•	•
	Protection of natural habitat	☐ Preservation of	a certified hist	oric structure
	Preservation of open space			_
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contributio		
	easement on the last day of the tax year.		He	d at the End of the Tax Year
а	Total number of conservation easements		2a	<u></u>
b	Total acreage restricted by conservation easements	5	2b	
C	Number of conservation easements on a certified hi			
d	Number of conservation easements included in (historic structure listed in the National Register .	c) acquired after 8/17/06, and not of the contract of the cont	on a 2d	
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished, or term	ninated by the	organization during the
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		pection, handl	ng of Yes . No
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation	easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspect \$ \inc \$	ting, and enforcing conservation ease	ments during t	he year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		section 170(h)(4)(B)(i) · ·
9	In Part XIII, describe how the organization reports c	onservation easements in its revenue	and expense s	tatement, and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fina	ancial statemei	nts that describes the
	organization's accounting for conservation easement	nts.		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Simila	r Assets.
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	AS 116 (ASC 958), not to report in its assets held for public exhibition, ed	ucation, or res	search in furtherance of
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, ed		
	(i) Revenue included in Form 990, Part VIII, line 1	-		\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, following amounts required to be reported under SF	historical treasures, or other similar		·
a	• • • • • • • • • • • • • • • • • • • •			\$

_		^
•ac	ıe	~

Part उ	Using the organization's acquisition,	acces							
	collection items (check all that apply):				_				
а	Public exhibition					or exchang			
b	Scholarly research			е	Other	r			
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's	collections a	and expla	ain how t	hey further	the org	ganization's exer	npt purpose in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather	r than t	to be mainta	ained as p	part of the	e organizat	ion's co	ollection?	🔲 Yes 🗌 No
Part	IV Escrow and Custodial Arra								
	Complete if the organization	answ	vered "Yes	" to Fori	n 990, P	art IV, line	9, or	reported an am	nount on Form
	990, Part X, line 21.								- 1
1a	Is the organization an agent, trustee, included on Form 990, Part X?								
	If "Yes," explain the arrangement in P								
b	ii res, explain the arrangement in F	art Am	and comple	ete the ic	mowing to	anie		Τ Δ	mount
_	Beginning balance						10		
c d	Additions during the year			•			10		_ _
e	Distributions during the year					• • • •	1e		
f	Ending balance				• •		11		
2a	Did the organization include an amoun				 21. for e	scrow or c			/2 ☐ Yes ☐ No
	If "Yes," explain the arrangement in P				-			•	_
	V Endowment Funds.								
	Complete if the organization	answ	vered "Yes	" to For	n 990, P	Part IV, line	10.		
		,	Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and			}					
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and	İ							
	programs								
f	Administrative expenses					ļ			
g	End of year balance					L		<u>-</u>	
2	Provide the estimated percentage of t		rent year en	nd balanc	e (line 1g	ı, column (a	i)) held	as	
a	Board designated or quasi-endowmen	-		%					
b	Permanent endowment >	%	0.4						
С	Temporarily restricted endowment ▶		%	2007					
2-	The percentages in lines 2a, 2b, and 2				zation the	ot are hold	and ad	ministered for th	
3a	Are there endowment funds not in the organization by:	e poss	session or tr	ie organi	zation the	at are neru	anu au	ministered for tr	
	•								Yes No
	(i) unrelated organizations (ii) related organizations						•		3a(i) 3a(ii)
b	If "Yes" to 3a(II), are the related organ			 equired a	 on Sched				3b
4	Describe in Part XIII the intended uses						•		00
Part								···	
	Complete if the organization			" to For	n 990. F	art IV. line	11a. S	See Form 990.	Part X, line 10.
	Description of property		(a) Cost or ot		T	or other basis		Accumulated	(d) Book value
			(investm	ent)	(0	ther)	d	epreciation	
1a	Land	. 1					7.7.	1.2 (0.40)	
b	Buildings								
С	Leasehold improvements								
d	Equipment	. [25,645		18,388	7,257
е	Other	<u></u>							
Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	90, Part	X, columr	n (B), line 10	Oc.) .	. <u>.</u> ▶	7,257

•	Investments – Other Securities. Complete if the organization answer	ered "Yes" to For	m 990 Part IV line 1	1b. See Form 99	0. Part X. line 12.
	(a) Description of security or category (including name of security)	700 10101	(b) Book value	(c) Method	
1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)				 	
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments – Program Related. Complete if the organization answer	ered "Yes" to For	m 990. Part IV. line 1	1c. See Form 99	0. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method	of valuation year market value
(1)					
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)					
(7)					
(8)					· ·· · ·· · ·· · ·
(9)	(b) must equal Form 990, Part X, col. (B) line 13) ▶				
Part IX	Other Assets.				
raitin	Complete if the organization answer	ered "Yes" to For	m 990. Part IV. line 1	1d. See Form 99	0. Part X. line 15.
		Description	,		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		-			
(9) T-4-1 (O-4)	ımn (b) must equal Form 990, Part X, col.	(P) (no 15)		•	<u> </u>
	Other Liabilities.	(B) III le 15.)			
Part X	Complete if the organization answelline 25.	ered "Yes" to For	m 990, Part IV, line	11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value	<u> </u>		
	ncome taxes	· · ·			
(2)					
(3)				, "	}
(4)					
(5)				, 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 N Pn ,
(6)			* * * * *	, - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	25 × 3 × 1 ×
				رفر رُ عُسرات ال	16
(7)				* "	\$ 7
(7) (8)				* "	
(7) (8) (9)	(b) must equal Form 990, Part X, col (B) line 25) ▶			• "	

Pari	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, I		•	Return.	
1	Total revenue, gains, and other support per audited financial statements		v, iiile 12a.	1	2,397,789
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,391,789
- а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	138,034		
c	Recoveries of prior year grants	2c	130,034	1	
d	Other (Describe in Part XIII.)	2d	264,848	1	
e				2e	402,882
3	Subtract line 2e from line 1			3	1,994,907
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	İ			1,004,007
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1	
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	1,994,907
Part				r Return	
	Complete if the organization answered "Yes" to Form 990, I				
1	Total expenses and losses per audited financial statements			1	2,572,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	138,034		
b	Prior year adjustments	2b		à	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	264,847	1	
е	Add lines 2a through 2d	-		2e	402,881
3	Subtract line 2e from line 1			3	2,170,079
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		1	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	2,170,079
Part	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Direct	expenses of Fundraising Events 426,952				
	-				
Donat	ed Services for Fundraising Events (45,242)				
FMV o	f Donated Auction Items (116,862)				
Part X	, Line 2d: 264,848				
Direct	expenses of Fundraising Events 426,952				
Donat	ed Services for Fundraising Events (45,242)				
FMV o	f Donated Auction Items (116,862)				
Round	ing Adjustment (1)				
Part X	l, Line 2d: 264,847				
,					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

	of the organization	► Information at	out Schedule G (Fo	orm 990 or 990	-EZ) and its	instructions is at ww	Employer identific	Inspection
	•							
	Foundation, Inc. Fundraisi	na Activities.	Complete if th	e organiza	ition answ	vered "Yes" to F	orm 990, Part IV,	1950849 line 17
Par		-EZ filers are n				.0.00 700 101	o 000, 1 d. 117,	
1	Indicate whethe	r the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	Check all that apply.	
а	Mail solicitat	ions		e 🗸	Solicitati	on of non-govern	ment grants	
b	Internet and	email solicitation	ns	f ✓] Solicitati	on of governmen	t grants	
С	☐ Phone solici	tations		g√	Special f	fundraising event	s	
d	✓ In-person so	licitations						
2 a							ficers, directors, trus fundraising services:	
b					draisers) pi	ursuant to agreen	nents under which th	e fundraiser is to be
	compensated at	least \$5,000 by	the organization	n.				
			1		_	1	(v) Amount paid to	
	(i) Name and address or entity (fund		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		······································	
1								
2					_,,			
3								
4	- 11 - 20							
5							.	
6								
	·			ļ <u>.</u>				
7								
8								
9								
10								
			<u> </u>	J	L,			
Total		<u> </u>		<u> </u>			ns or has been notific	
3	List all states in registration or lie	censing				olicit contributior	ns or has been notifi	ed it is exempt from
AL, FI	L, GA, NJ, NY, SC,							

		than \$15,000 of fundraisin gross receipts greater than		and gross income on i		OD. LISI EVERIIS WILLI
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
m.			Dinner/Auction (event type)	Fashion Show/Aucti (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	705,209	163,185	170,329	1,038,72
a.	2 3	Less: Contributions . Gross income (line 1 minus	654,084	153,335	157,059	964,47
		line 2)	51,125	9,850	13,270	74,24
	4	Cash prizes	0	0	0	
	5	Noncash prizes	0	О	о	
sesue	6	Rent/facility costs	6,957	9,207	8,762	24,92
Direct Expenses	7	Food and beverages .	56,536	6,880	4,892	68,30
Direct	8	Entertainment	41,592	10,875	10,310	62,77
	9	Other direct expenses	47,643	6,493	6,847	60,98
		Direct expense summary. Add	d lines 4 through 9 in co	olumn (d)		216,99
	10		at line 10 from line 2 a	aluman (d)	▶	
Pa	11	Net income summary. Subtra Gaming. Complete if the			▶ 0, Part IV, line 19, or r	(142,749 reported more
Pa		Net income summary. Subtra	organization answer	red "Yes" to Form 99	► O, Part IV, line 19, or r	reported more
	11	Net income summary. Subtra Gaming. Complete if the	organization answer		▶ O, Part IV, line 19, or r	(142,749 reported more (d) Total gaming (add col (a) through col (c))
Revenue	11	Net income summary. Subtra Gaming. Complete if the	organization answer 00-EZ, line 6a.	ed "Yes" to Form 99((b) Pull tabs/instant		reported more (d) Total gaming (add
Revenue	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 95	organization answer 00-EZ, line 6a.	ed "Yes" to Form 99((b) Pull tabs/instant		reported more (d) Total gaming (add
Revenue	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 95 Gross revenue	organization answer 00-EZ, line 6a.	ed "Yes" to Form 99((b) Pull tabs/instant		(d) Total gaming (add
rect Expenses Revenue	11 rt III 1 2	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 95 Gross revenue Cash prizes	organization answer 00-EZ, line 6a.	ed "Yes" to Form 99((b) Pull tabs/instant		reported more (d) Total gaming (add
Revenue	11 rt III 1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes	organization answer 90-EZ, line 6a. (a) Bingo	ed "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	reported more (d) Total gaming (add
rect Expenses Revenue	11 rt III 1 2 3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs	organization answer 00-EZ, line 6a.	ed "Yes" to Form 99((b) Pull tabs/instant		reported more (d) Total gaming (add
rect Expenses Revenue	11 rt III 1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	organization answer 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	reported more (d) Total gaming (add
rect Expenses Revenue	11 rt III	Gross revenue Cash prizes Rent/facility costs Other direct expenses Volunteer labor	organization answer 30-EZ, line 6a. (a) Bingo Yes% No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes % No	reported more (d) Total gaming (add

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service	▼ Infor	nation about Sched	► Attach to Form 990. Iule I (Form 990) and its instru	Form 990. d its instructions	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Open to Public Inspection
Name of the organization							Employer identification number
Rally Foundation, Inc.							20-1950849
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	an records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	r the grants or assis	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?			•		· · · · · Ves
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	he use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Dart III I I I I I I I I I I I I I I I I I	ssistance to Do	mestic Organiza	ations and Dom	estic Governm	ients. Complete if	the organization a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, But IV line 21, for any regiment that received more than \$5,000. But II can be duplicated if additional space is needed.
rait IV, III e z I, IOI all	iy recipieni unar	na aloill na mana	all \$3,000. rait	i call de dupilo	aleu II auuliioi al s	pare is liceded.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Aflac Cancer Center							
Children's Healthcare of Atlanta	58-1710601		50,000				Pediatric Cancer Study
(2) 1687 Tulle Circle							
Atlanta, GA 30329							
(3) Baylor University							
P.O. Box 201361	74-1613878		134,000				Pediatric Cancer Study
(4) Houston, TX 77216-1361							
(5) Children's Hospital of Boston							
Children's Hospital Trust	04-2774441		40,000				Pediatric Cancer Study
(6) 1 Autumn Street #731, 3rd Floor							
Boston, MA 02215							
(7) Children's Hospital of							
Philadelphia	23-2237932		125,000				Pediatric Cancer Study
(8) 100 Penn Square East, 8th Floor Philadelphia. PA 19107							
(9) Columbia University Medical Ctr							
	13-5598093		100,000				Pediatric Cancer Study
(10) Box 49							
New York, NY 10032							
(11) Dana-Farber Cancer Institute							-
450 Brookline Avenue, BP 412	04-2263040		125,000				Pediatric Cancer Study
(12) Boston, MA 02215-5450							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	1501(c)(3) and gov rganizations listed	ernment organizat in the line 1 table	ions listed in the li	ne 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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2014

Department of the Treasury Internal Revenue Service	► Infor	mation about Sche	dule I (Form 990) and	d its instructions is	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	390.	Inspection
Name of the organization						Emplo	Employer identification number
Rally Foundation, Inc.							20-1950849
Part I General Information on Grants and Assist	on on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	intain records to substo award the grants	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility for	the grants or assistan	ce, and · · · ✓ Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	janization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Part IV, line 21, for	Assistance to Do any recipient that	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizatior Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	he organization ansvace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Emory University						i	
Winship Cancer Institute	58-0566256		70,000				Pediatric Cancer Study
(2) P.O. Box 935084							
(3) Hospital for Sick Children							
	98-0342195		170,000				Pediatric Cancer Study
(4) 686 Bay Street							
Toronto, CA MSG 0A4							
(5) Johns Hopkins University Wyman Park Building W400	52-0595110		158,000				Pediatric Cancer Study
(6) 3400 North Charles Street							
Baltimore, MD 21218							
(7) Leukemia/Lymphoma Society	42 5644046		oc cu				S rooms O cirebonhood
(8) White Plains, NY 10605	0164496-21		000,000				regiatile calicel study
(9) Lurie Children's Hospital	36.2170833		40 000				Pediatric Cancer Study
(10) 2300 Children's Memorial Plaza	<u> </u>						
Box 220, Chicago, IL 60614							
(11) Medical College of Wisconsin 8701 Watertown PlankRoad	39-0806261		20.000				Pediatric Cancer Study
(12) Milwaukee, WI 53226							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	I lon 501(c)(3) and gover organizations listed	l vernment organizat I in the line 1 table	tions listed in the li	ine 1 table			A A.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instruction	s for Form 990.		l ö	Cat No 50055P		Schedule I (Form 990) (2014)

SCHEDULE (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations.

OMB No 1545-0047

Open to Public Inspection 2014

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%** □ Pediatric Cancer Study Pediatric Cancer Study Pediatric Cancer Study Pediatric Cancer Study Pediatric Cancer Study Pediatric Cancer Study (h) Purpose of grant or assistance Employer identification number √ Yes 20-1950849 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash (e) Amount of non- (f) Method of valuation grant cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45,000 50,000 40,000 25,000 100,000 100,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Rally Foundation, Inc.

Part I General Information on Grants and Assistance 63-6005396 27-0811733 94-6036493 13-1924236 31-6056223 36-2167817 (p) EIN (9) University of CA - San Francisco (5) Research Institute at Nationwide (7) University of Alabama (6) Columbus, OH 43205-2664 (1) Memorial Sloan-Kettering (3) Northwestern University (4) 750 N.Lakeshore Dr., Rubloff, 7 1 (a) Name and address of organization 505 Parnassus Avenue, M649 (10) San Francisco, CA 94143 (12) Ann Arbor, MI 48109 3003 S. State St, Room 1030 (2) 1275 York Aenue, Box 701 (8) 1600 2nd Avenue South Birmingham, AL 35294 (11) University of Michigan New York, NY 10065 700 Children's Drive Chicago, IL 60611 Chicago Campus Name of the organization at Birmingham Cancer Center Part II

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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anization answered "Yes" to Form 990, Part IV, line 21 of 22.	
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Yes to Fo	► Attach to Form 990.
answered .	► Attach to
nization	_

OMB No. 1545-0047

Open to Public Inspection 2014

Employer identification number

Rally Foundation, Inc.		į					20-1950849
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistan	ce, and . · · · · Ves No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	he use of grant fur	ids in the United	States.		
II II	ssistance to Do	mestic Organiza	ations and Dom an \$5,000. Part I	estic Governm I can be duplica	ents. Complete if	the organization anspace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of Texas MD Anderson Cancer Center	17-4600111		000'56				Pediatric Cancer Study
(2) 1515 Holcombe Blvd, Unit 87 Houston. TX 77030							
(3) University of Texas Southwest Medical Center	75-2556007		33,000				Pediatric Cancer Study
(4) P.O. Box 841753 Dallas, TX 75284-1753							
(5) University of Washington Gerberding Hall G80	91-6001537		25,000				Pediatric Cancer Study
(6) Box 351202 Seattle, WA 98195							
(7) Vanderbilt University Cancer Center	62-0476822		110,000				Pediatric Cancer Study
(8) 2200 Children's Way Nashville, TN 37232							
(9) Virginia Commonwealth Universi Theatre Row	54-6001758		46,000				Pediatric Cancer Study
(10) 730 E. Broad St., P.O. Box 84303 Richmond, VA 23298							
(11) Arms Wide Open 3 Dickson Road	27-0811733		73,000				Pediatric Cancer Study
(12) Marlboro, NJ 07746							
2 Enter total number of section 501(c)(3) and governmer3 Enter total number of other organizations listed in the l	501(c)(3) and gov rganizations listec		it organizations listed in the line 1 table line 1 table	ne 1 table			. • 24
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) Part III Grants and Other Assistance to Domestic Part III can be duplicated if additional space	estic Individua pace is needed	als. Complete if the I.	organization answe	Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 is needed.	Page 2 Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Family Emergency Fund	157	50,592			
Cinal Information Drawing the information and in Date I Ino 2 Date III and any other additional information	i com	too ci rooming	tro II	(A) and any other caldit	oo to manderi loo o
necessary. Based on the LOI scores, full grant applications are requested. Each full grant application is scored twice, three times if necessary. Grants are awarded according to the	are requested. E	ach full grant applicatic	n is scored twice, thr	ee times if necessary. Grant	s are awarded according to the
scores. If the grant is above \$10,000, half of the funds are released after the Rally Post-Award Agreement is signed by the grantee. The second half of the funds are released after a	eleased after the	Rally Post-Award Agree	ment is signed by the	grantee. The second half of	the funds are released after a
mid-year report is received by Rally and the research is showing viable progress. Rally requires an end of the year report, or the grantee may apply for an additional year of funding.	wing viable progr	ess. Rally requires an	end of the year report	, or the grantee may apply fo	r an additıonal year of funding.
Part III: Rally Foundation has established a resource for parents	rents whose chilc	dren are currently going	through treatment fo	r cancer and need additional	whose children are currently going through treatment for cancer and need additional help with financial responsibilities.
					Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

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Department of the Treasury Internal Revenue Service

 \blacktriangleright Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number

	oundation, Inc.					20-19508	49		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method o			
1	Art-Works of art								
2	Art — Historical treasures					_			
3	Art — Fractional interests						_		
4	Books and publications								
5	Clothing and household goods	/			3,944	Fair Market	/alue		
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	✓	1			Fair Market			
19	Food inventory	✓	6		30,608	Fair Market	/alue		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Airline Tickets)	/	1			Fair Market			
26	Other ► (Custom Printing)	/	10			Fair Market			
27	Other ► (NFL Tickets & Merch)	✓	1			Fair Market			
28 29	Other ► (Misc. Auction Items) Number of Forms 8283 received	t by the or	392	year for contrib		Fair Market	value		
29	which the organization completed					29			
	Which the organization completed	21 01111 020	5, 1 dit 17, 201100 / tokilowio	agomon	•	29		Yes	No
20-	During the year did the examina	tion room	by contribution any prope	orty reported in	Part I lines	1 through		3 ; }	-110
30a	During the year, did the organiza 28, that it must hold for at least the							·	٠,
	to be used for exempt purposes			ontribution, and		orrequired	30a	*	1
L	If "Yes," describe the arrangement						JUA		,
31	Does the organization have a		stance policy that require	s the review	of any no	n-standard		`	
31	contributions?	•	stance policy that require	C THE TEVIEW			31	.,.	
320	Does the organization hire or us		tipe or related organization	is to solicit pro	ncess or se	ell noncash	31	V	
32a		e uma par	iles or related organization				32a		1
L	If "Yes," describe in Part II.						920	»	✓
33	If the organization did not report a	n amount i	a column (c) for a type of pro	onerty for which	column (a)	is checked			
55	describe in Part II.	a. amount II	. co.amm (o) for a type of pic	2,531.y 131 WHOH	(a)	0001104,			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Employer identification number

Open to Public Inspection

Rally Foundation, Inc.	20-1950849
Part VI, Line 2:	
Dean Crowe - Founder & CEO; Reid Crowe - Founder & Board of Directors Member; Relationship - Wif	e/Husband
Part VI, Line 11a,b:	
A copy of the 990 and Supporting Schedules was furnished to all Board members for review prior to the	ne filing of the return.
Part VI, Line 12c:	
Each member of the Board of Directors has a copy of the Conflict of Interest Policy, and compliance w	vith this policy is
discussed annually at a Board of Directors meeting. There have been no conflicts of interest to date.	
Part VI, Line 15a,b:	
An annual Salary Report of non-profit organizations of various sizes was used to determine the appro	priate compensation for Rally
Foundation's CEO All members of the Board of Directors, except the CEO and her husband, met to d	iscuss and vote on her salary.
The salary was set based on the median salary of other non-profit organizations of similar size, plus a	2% inflation adjustment
for 2014 (due to the age of the report) This process was documented in the minutes.	
There are no other members of the Board or employees who are materially compensated.	
Part VI, Line 17: States with which a copy of this Form 990 is required to be filed: AL, FL, GA, NJ, NY,	SC, TN, VA
Part VI, Line 19:	
Rally Foundation makes available to the public all governing documents, conflict of interest policy, ar	nd financial statements by
having them available for review at the Rally office as well sending them to any interested parties eith	er by mail or e-mail.
Part XI, Line 9:	
Donated Services and Rent are excluded from both Total Revenue and Total Expenses. Therefore, if t	he Donated Services and Rent are
added to the beginning Net Assets or Fund Ralances, they must also be subtracted to arrive at the en-	ding Nets Assets or Fund Balances