Docusign Envelope ID: 36D2DA03-948B-4701-8C4B-24FAE57D4C22

Form 8879-TE		IRS E-file	e Signat a Tax E	ure Au	thoriz Entity	atior	า		ŀ	OMB No	. 1545-0047		
	For calendar year 3	2023, or fiscal year begin		-	-			20					
	For calendar year 2		end to the IR					_ , 20_	—	- 21	<b>J23</b>		
Department of the Treasury Internal Revenue Service		Go to www.irs		•	•		1.						
Name of filer			iget/i erinee/		inteor inte	initiation		EII	N or SSN				
ANOTHE	R ROUND A	ANOTHER RA	ALLY					8	3-13	378343			
Name and title of officer or pe								I					
Part I Type of	Return and R	Return Informa	ation										
Check the box for the retu				l optor the a		mount if		from th	o roturn	Eorm 803	R CP and		
Form 5330 filers may enter or <b>10a</b> below, and the amo whichever is applicable, bi than one line in Part I.	r dollars and cent ount on that line t	ts. For all other for for the return being	ms, enter who g filed with this	le dollars on form was b	ly. If you ch lank, then l	neck the leave line	box c ə <b>1b,</b>	on line <b>2b, 3b</b>	1a, 2a, , 4b, 5b,	3a, 4a, 5a, , 6b, 7b, 8l	6a, 7a, 8a, 9 <b>5, 9b,</b> or <b>10b</b> ,		
1a Form 990 check h	nere X	b Total reve	enue, if any (Fo	orm 990, Par	t VIII, colur	nn (A), lii	ne 12)			ıь 1,1	01,637.		
2a Form 990-EZ che			enue, if any (Fo										
3a Form 1120-POL			(Form 1120-PC										
4a Form 990-PF che	ck here		d on investme										
5a Form 8868 check			<b>lue</b> (Form 886										
6a Form 990-T chec	k here		(Form 990-T, F										
7a Form 4720 check			, (Form 4720, P										
8a Form 5227 check		b FMV of as	sets at end o	<b>f tax year</b> (F	orm 5227,	Item D)				8b			
9a Form 5330 check	here	b Tax due (	Form 5330, Pa	rt II, line 19)						9b			
10a Form 8038-CP ch		b Amount o	f credit paym	ent request	ed (Form 8	038-CP,	Part	III, line					
Part II Declarat	tion and Sign	ature Authoria	zation of O	fficer or F	erson S	ubject	to T	ax					
with a state age on the return's c	ution account inc t the entry to this prior to the payr re confidential inf nber (PIN) as my KER TILLY on the tax year 2 ncy(ies) regulatin disclosure conser	dicated in the tax p s account. To revo nent (settlement) of formation necessa signature for the e <u>Y ADVISOR</u> 2023 electronically g charities as part nt screen.	Areparation soft ke a payment, date, I also aut ry to answer in electronic retur <u>Y GROUP</u> ERO firm name filed return. If of the IRS Fed	tware for pa I must cont horize the fir quiries and i n and, if app <u>, LP</u> I have indica d/State prog	whent of the U.S hancial inst resolve issu licable, the ated within ram, I also	this retu authorize	I taxe ry Fina nvolve ed to t to el t to el urn tha e the a	s owed ancial A ed in th the pay ectroni to ent to ent aforem	I on this Agent at e proce: rment. I c funds ter my P by of the entionec	return, and 1-888-353 ssing of thi- have selec withdrawa PIN 1 Enter fiv do not e	d the 4537 no e electronic ted a l. 6502 e numbers, bu nter all zeros eing filed nter my PIN		
return. If I have i IRS Fed/State p Signature of officer or person subje	ndicated within t rogram, I will ent ct to tax	o tax with respect this return that a co er my PIN on the r	opy of the retu	rn is being fi	led with a s					harities as 9/20/	part of the		
Part III Certifica	tion and Aut	hentication			-		1						
ERO's EFIN/PIN. Enter yo	our six-digit electi	ronic filing identific	ation						-				
number (EFIN) followed by	your five-digit se	elf-selected PIN.			-	<u>41551</u> not enter							
I certify that the above nur submitting this return in ac Business Returns.													
ERO's signature <b>BAK</b>	ER TILLY	ADVISORY	GROUP,	LP		Date	0	9/17	/24				
	Do Not	ERO Must R Submit This F						o So					
For Privacy Act and Pape										Form <b>88</b>	79-TE (2023		
- •		-											
LHA 302521 01-05-24													

Form <b>990</b>
-----------------

Т

# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
A For the 2023 calendar year, or tax year beginning and ending	•
B Check if applicable: C Name of organization D Employer ic	dentification number
Address ANOTHER ROUND ANOTHER RALLY	
	378343
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone r	
	16-9973
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$	\$ 1,101,637.
Amended PHOENIX, AZ 85032 H(a) Is this a gr	group return
Applica- tion tion <b>F</b> Name and address of principal officer: <b>AMANDA GUNDERSON</b> for subord	dinates? Yes X No
	dinates included? Yes No
	ttach a list. See instructions
	emption number
	018 M State of legal domicile: AZ
Part I Summary	
Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
<ul> <li>Check this box if the organization discontinued its operations or disposed of more than 25% of its r</li> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>Number of independent voting members of the governing body (Part VI, line 1b)</li> </ul>	
3 Number of voting members of the governing body (Part VI, line 1a)	
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	
<ul> <li>5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)</li> <li>6 Total number of volunteers (estimate if necessary)</li> <li>7 a Total unrelated business revenue from Part VIII, column (C), line 12</li> </ul>	
7 a Total unrelated business revenue from Part VIII, column (C), line 12         b Net unrelated business taxable income from Form 990-T, Part I, line 11	
Prior Year	Current Year
8 Contributions and grants (Part VIII line 1b)	
9 Program service revenue (Part VIII, line 2g)	0. 30,999.
	5,835.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -19, 5	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.75. 1,101,637.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 135, 6	585. 175,135.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
s 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 464,9	
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       464,9         16a       Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) 56,091.	
Tr Other expenses (Fart IX, Column (A), lines Trainiu, 111-24e)	
18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         1,170,1	
19 Revenue less expenses. Subtract line 18 from line 12	
िञ्च Beginning of Current	
Beginning of Current20Total assets (Part X, line 16)21Total liabilities (Part X, line 26)22Net assets or fund balances. Subtract line 21 from line 20	
Provide and the set of the s	
学刊 22 Net assets or fund balances. Subtract line 21 from line 20	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	st 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	Signature of officer			Date		
	TRAVIS NASS, COO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	SHARLYNN M. GARZA, CPA	SHARLYNN M. G	GARZA, C 09/17,	/24 self-employed	P02038329	
Preparer	Firm's name BAKER TILLY ADVIS	ORY GROUP, LP	)	Firm's EIN 39-	0859910	
Use Only	Firm's address 2055 E. WARNER RO.	AD, SUITE 101				
	<b>TEMPE, AZ 85284</b>			Phone no. $480 -$	839-4900	
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)						

	990 (2023) ANOTHER ROUND ANOTHER RALLY	83-1378343 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	V
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
•	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 825,612. including grants of \$ 175,135. ) (Rever	nue \$ 30,999.)
4a	(Code:) (Expenses \$ 825,612. including grants of \$ 175,135. ) (Rever ANOTHER ROUND ANOTHER RALLY PROVIDES EMERGENCY AID FOR M	EMBERS OF THE
	HOSPITALITY WORKFORCE AND THEIR FAMILIES FACING SUBSTANT	
	CIRCUMSTANCES DUE TO MEDICAL DIAGNOSIS, DEBILITATING INJ	
	UNPRECEDENTED GLOBAL EVENTS AND OTHER ATYPICAL SITUATION	S. THEY SERVE
	UNDERREPRESENTED WORKERS WITHIN THE HOSPITALITY FIELD BY	
	PROFESSIONAL DEVELOPMENT OPPORTUNITIES THAT ENABLE THEM	
	THEIR EDUCATION, ENHANCE THEIR EMPLOYABILITY AND FURTHER	
	OF THE INDUSTRY IN ITS ENTIRETY. THEY ALSO AWARD SCHOLAR EDUCATIONAL OPPORTUNITIES TO STUDENTS WHO HAVE THEIR SIG	
	HOSPITALITY INDUSTRY, MANY OF WHOM HAVE LIMITED FINACNIA	
	AVAILABLE TO THEM.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Rever	nue \$)
4.5		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 825,612.	
		Form <b>990</b> (2023)
332002	2 12-21-23 <b>7</b>	

2 2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

Form	990	(2023)

 Form 990 (2023)
 ANOTHER
 ROUND
 ANOTHER
 RALLY

 Part IV
 Checklist of Required Schedules
 Checklist of Required Schedules
 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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
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			
	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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X X
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		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	44-		x
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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	<u> </u>		
	Schedule D. Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	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		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	<u> </u>
332003	12-21-23	⊢orm	330	(2023)

332003 12-21-23

3

Form	990	(2023)
	330	

	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			
	Schedule J	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	↓ 12-21-23	Form	990	(2023)

4

# 13040917 144198 283909

2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

Form	990 (2023) ANOTHER ROUND ANOTHER RALLY	83-1378	343	P	age <b>5</b>	
Part 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 5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X	
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 A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х	
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	as required				
	to file Form 8282?		7c		Х	
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 c	ontract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h			
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
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	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	_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11				
	organization is licensed to issue qualified health plans	13b	-			
С	Enter the amount of reserves on hand	13c				
14a			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?		15		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 investmen	t income?	16		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 ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.		_	000	/0.0 -	
332005	12-21-23 E		Form	1 <b>990</b>	(2023)	

Form 990	(2023)
----------	--------

83-1378343 Page 6

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.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a		7		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b		5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	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 990 wa				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6	Did the organization have members or stockholders?				X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho		14		
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by th				
	The governing body?	0	8a	х	
				X	
	Each committee with authority to act on behalf of the governing body?		. <b>8b</b>	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				- -
Soo	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 Revenue	Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		. <b>10</b> a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. <b>10</b> b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor	iflicts?	. 12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," c	lescribe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?			Х	
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 approval by in		-		
	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		x
	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 arrangement v	vith a			
			16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p		iva		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17 10		T = 1	(0) a aval v)	ee.ilek	-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	J-1 (section 501(c))	3)s only)	avallat	bie
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website V Other (explain on S				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	ot interest policy, a	and finan	cial	
	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 an	d records			
	THE ORGANIZATION - 480-716-9973				
	14626 N 37TH WAY, PHOENIX, AZ 85032			<b>990</b>	

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

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 al of the organization of current key employees, if any, see the instructions for definition of Key employees.

• 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bo officer and a director/tru		n is both an		compensation	compensation	amount of	
	week				or/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st cor	5	1000 (120)		organizations
	line)	ndivid	nstitu	Officer	Key employee	Highest compensated employee	Former			e.gam_anone
(1) AMANDA GUNDERSON	40.00	_	_		_	<u> </u>				
PRESIDENT & CEO		х		х				162,655.	0.	14,619.
(2) TRAVIS NASS	40.00									
C00		Х		Х				126,155.	0.	14,619.
(3) KIOWA BRYAN	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) JEREMY VEATCH	1.00									
DIRECTOR		х					<u> </u>	0.	0.	0.
(5) NATAKI MEYERS	1.00					Γ.				
DIRECTOR		Х						0.	0.	0.
(6) MICHAELLA BURSALYAN	5.00									
SECRETARY		Х		X				0.	0.	0.
(7) JACKIE SUMMERS	1.00									_
DIRECTOR		х						0.	0.	0.
						<u> </u>				
						<u> </u>				
						<u> </u>				
						-				
						$\vdash$				
000007 10 01 00	1	I	1	1		1	1	1	L	Eorm <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

## 13040917 144198 283909

2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

Form 9		O23) ANOTHER B	ROUND AN	IOI	ΉE	R	RA	$\Gamma \Gamma$	Y		83-13	378	343	P	Page <b>8</b>
Part		Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		<b>(B)</b> Average hours per week (list any	box offic	not ch , unles cer an	s per	ition nore son i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		an	<b>(F)</b> timation nount other	of	
			hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizat	ne tion ted
				-											
				-											
				-											
1b \$ c -	Subto Fotal	otal from continuation sheets to Part VI	l. Section A					<u> </u>		288,810.		0.	2	9,2	<u>38.</u> 0.
d	Total	(add lines 1b and 1c) number of individuals (including but n						<u></u>		288,810. eceived more than \$100,	000 of reportable	0.	2	9,2	38.
(	comp	ensation from the organization				-								Yes	2 No
I	ine 1a	e organization list any <b>former</b> officer, a? If "Yes," complete Schedule J for s	uch individual										3		x
á	and re	ny individual listed on line 1a, is the su elated organizations greater than \$150 ny person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
<u> </u>	rende	red to the organization? <i>If</i> "Yes." <i>com</i> Independent Contractors											5		x
1 (	Comp	plete this table for your five highest con ganization. Report compensation for t										pensat	ion fro	om	
		(A) Name and business			DNE					(B) Description of s		С	(C ompei		on
		number of independent contractors (i 000 of compensation from the organi	•	ot lin	nited	to t	thos (		ted	above) who received mo	ore than				

Form **990** (2023)

332008 12-21-23

			2023) ANOTHER ROUNI	D ANOTHER	RALLY		83-1378	343 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin			(-)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ις N	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
<u> </u>			Fundraising events 1c					
ifts ar A			Related organizations 11					
s, Bilg			Government grants (contributions) <b>1e</b>					
Sil			All other contributions, gifts, grants, and					
buti				,064,803.				
Ö		g	Noncash contributions included in lines 1a-1f					
ano		h	Total. Add lines 1a-1f		1,064,803.			
				<b>Business Code</b>				
e	2	а	EVENT INCOME	900099	30,999.	30,999.		
Program Service Revenue		b						
Se		с						
am		d						
- B B B B B B B B B B B B B B B B B B B		е						
Ł		f	All other program service revenue					
		g	Total. Add lines 2a-2f		30,999.			
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)		5,835.			5,835.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
•		b	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss) 7c					
r Re			Net gain or (loss)	<u> </u>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18   8     Less: direct expenses   8		-			
			Net income or (loss) from fundraising events					
	a		Gross income from gaming activities. See					
		u	Part IV, line 19	a				
		b	Less: direct expenses 9					
	10		Gross sales of inventory, less returns					
			and allowances 10	)a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
			· · · · · · · · · · · · · · · · · · ·	Business Code				
sno	11	а						
ane		b						
Miscellaneous Revenue		с						
lisc		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,101,637.	30,999.	0.	5,835.
33200	9 12	-21-						Form <b>990</b> (2023)

13040917 144198 283909

9

2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

#### ANOTHER ROUND ANOTHER RALLY 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 (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 8,580. 8,580. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 166,555. 166,555. individuals. See Part IV, line 22 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 4 5 Compensation of current officers, directors, 255,740. 42,494. 312,001. 13,767. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 110,664. 105,194. 4,038. 1,432. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,185. 2,185. Other employee benefits 9 32,055. 26,594. 4,200. 1,261. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 26,124. 26,124. b Legal 11,778. 11,778. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 55,516. 49,924. 1,709. 3,883. column (A), amount, list line 11g expenses on Sch 0.) 10,921. 15,681. 4,760. Advertising and promotion 12 64,291. 37,961. 9,361. 16,969. Office expenses 13 Information technology 14 15 Royalties 1,685. 1,685. 16 Occupancy 5,050. 1,003. 2,378. 1,669. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 54,391. 41,714. 6,179. 6,498. Conferences, conventions, and meetings 19 25. 25. 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 8,165. 8,165. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

104,782.

1,012,945.

33,417.

10

332010 12-21-23

а

b С d

е

25

26

Form 990 (2023)

5,852.

56,091.

### 13040917 144198 283909

Check here

All other expenses

amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

FISCAL SPONSOR FEES

EVENT SUPPLIES

2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

131,242.

98,930.

33,417.

825,612.

13040917 144198 283909

Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director,

	ANOTHER	ROUND	ANOTHER	RALLY	
e Sheet					
	• • • • • • • • • • • • • • •				

**(B)** End of year

710,508.

89,400.

# 612,457. 1 2 102,026. 3 4

				-	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,722.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	714,483.	16	802,630.
	17	Accounts payable and accrued expenses	12,588.	17	12,043.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	12,588.	26	12,043.
<i>(</i>		Organizations that follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	51,874.	27	538,406.
Ba	28	Net assets with donor restrictions	650,021.	28	252,181.
pur		Organizations that do not follow FASB ASC 958, check here			
ŗ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	701,895.	32	790,587.
	33	Total liabilities and net assets/fund balances	714,483.	33	802,630.
					Form <b>990</b> (2023)

4

	1990 (2023) ANOTHER ROUND ANOTHER RALLY	83-	1378343	Pag	<sub>ge</sub> 12
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	1,101	.,6	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,012	2,9	45.
3	Revenue less expenses. Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	701	.,8	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
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	790	),5	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
			Form	990	(2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

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

OMB No. 1545-0047
2023
Open to Public Inspection

1

## Name of the organization

Nam	ne of t	he organization	Employer identification number							
De				ANOTHER RALLY					3-1378343	
Pa		Reason for Public (					ee instruction	S.		
	organi	zation is not a private found		<b>c</b> .		,				
1		A church, convention of chu				n 170(b)(1	)(A)(i).			
2		A school described in section		-						
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
6				ontal unit described in	soction 17	0(h)(1)(A)	(v)			
6 7	H	A federal, state, or local gov	-					o goporal r	ublic described in	
'		An organization that norma	-	itial part of its support if	on a gove	mmentar		ie general j		
0		section 170(b)(1)(A)(vi). (C		(A)(A)(wi) (Complete Day	• 11 \					
8 9	H	A community trust describe			-	d in coniu	notion with a	land grant		
9		An agricultural research org								
		or university or a non-land-g university:	grant college of agrici			lane, city	and state of	the college		
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	e membersh	in fees and	d aross receipts from	
10		activities related to its exem								
		income and unrelated busir								
		See section 509(a)(2). (Cor			in busines	ses acqui	ed by the org	anization a		
11		An organization organized a	. ,	vely to test for public sat	foty See	ection 50	0(2)(4)			
12	H	An organization organized a						rny out the	nurnoses of one or	
12		<b>v</b>	•					•		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
-		<b>Type I.</b> A supporting orga						-	aivina	
а		the supported organization	-			-				
					majonty o				ipporting	
h		organization. You must o	-		ion with it	ounnorto	d organizatio	a(a) by bay	ina	
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o			arrie persoi	is that coi	III OF MANAQ	je ine supp	Joned	
		organization(s). You mus	-		in connoct	ion with a	and functional	lu intograto	dwith	
С		J Type III functionally inte						ly integrate	u wiiri,	
-		its supported organization		-				tod organi-	ration(a)	
d		J Type III non-functionally						-		
		that is not functionally int		• •	•			anallenin	reness	
		requirement (see instructi								
е		Check this box if the orga functionally integrated, or					турет, турет	п, туре п		
f	Ento	r the number of supported of		any integrated supporting	ng organiz	ation.				
q		vide the following information	•	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see ir	structions)	support (see instructions)	
				above (see instructions)						
Tota	ıl									

Schedule A	(Form	990)	202
		330	2020

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

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

Sec	ction A. Public Support		_	-	_	_	-
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,				×		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	c Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2023 (li	ne 6, column (f), d	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
<b>16</b> a	33 1/3% support test - 2023. If the c	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	ported organization	۱ <sub></sub> ۱			
b	33 1/3% support test - 2022. If the c	•				•	
	and <b>stop here.</b> The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	ubox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

#### qualify under the tests listed below, please complete Part II.) Contion

<u>Sec</u>	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,981.	3243161.	1721403.	839,925.	1064803.	6876273.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
5	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	6,981.	3243161.	1721403.	839,925.	1064803.	6876273.
	Amounts included on lines 1, 2, and				,		
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				*		0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6876273.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	6,981.	3243161.	1721403.	839,925.	1064803.	6876273.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.	1,152.	330.	810.	5,835.	8,130.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	3.	1,152.	330.	810.	5,835.	8,130.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		6,774.				6,774.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	6,984.	3251087.	1721733.	840,735.	1070638.	6891177.
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	on,
		0					
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (li	ine 8. column (f). d	ivided by line 13. c	column (f))		15	%
16	Public support percentage from 2022		•			16	%
	ction D. Computation of Inves						,,,
	Investment income percentage for 20			ne 13. column (fi)		17	%
18	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2023. If the						
.54	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2022. If the						Ind
N	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
		T OU HOL CHECK &	JUA UN III E 14, 198		IS DUN ALLU SEE ILIS		
00202	23 12-21-23					Schedule A	(1 0 1 1 0 0 0 Z 0 Z 0

<sup>15</sup> 

Yes No

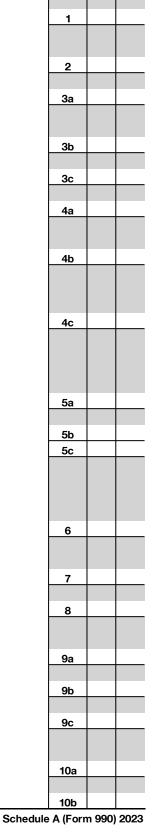
# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23



2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

16

#### ANOTHER ROUND ANOTHER RALLY Schedule A (Form 990) 2023

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and the powers of the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and the powers of the po</i>	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	- 1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Se	supervised, or controlled the supporting organization.			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
See	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		

By reason of the relationship described on line 2, above, did the organization's supported organizations have a З significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

332025 12-21-23

2023.04020 ANOTHER ROUND ANOTHER RAL 283909\_1

17

Schedule A	(Form	990	) 2023
------------	-------	-----	--------

Schedule A	(Form 990)	) 2023	ANOT	HER RO	DUND A	ANOTHER	RALLY	
Part V	Type III	Non-	Functionally Ir	ntegrate	d 509(a)	(3) Suppor	ting Orga	anizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying t		Nov 20 1970 ( ovolain in	Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income	ompiot	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
				/

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

83-1378343 Page 7

_		ANOTHER RALLY			3-1378343	Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Orga	nizations (continu	ied)	. <u></u>	
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer			1	ļ	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	ļ	
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8	ļ	
9	Distributable amount for 2023 from Section C, line 6			9	ļ	
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			ANOTHER		83-1378343 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	c, 5a, 6, 9a, art IV, Sectio	9b, 9c, 11a, 11b n E, lines 1c, 2a	o, and 11c; Part IV, Section	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(See instructions.)			.5 2, 5, and 6. A		
					, 	
332028 12-21-2	3					Schedule A (Form 990) 2023
332020 12-21-2	0			20		Schedule A (FULIII 330) 2023

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organizatior	d Individua	s in the Ŭni	ted States		2023
Department of the Treasury		Compi		Attach to Forn				Open to Public
Internal Revenue Service			Go to www.irs		the latest information	ation.		Inspection
Name of the organization	on							Employer identification number
	ANOTHER R		HER RALLY					83-1378343
	formation on Grants a							
-	ation maintain records t		-			-		
2 Describe in Part I	ward the grants or assis V the organization's pro	stance?	oring the use of grant t	iunds in the United	l States			
Part II Grants and	d Other Assistance to lat received more than \$	Domestic Organiz	ations and Domestic	Governments.	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	dress of organization ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BETTER HELP/COMPII 1945 LAKEPOINTE DE								
LEWISVILLE, TX 750	-	46-1267265		8,580.	0.			MENTAL HEALTH ASSISTANCE
					3			

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 ...

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

Schedule I (Form 990) 2023

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.
 Part III can be duplicated if additional space is needed.
 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY ASSISTANCE	247	166,555.	0.		
				C	
			0	~	
Part IV         Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)		
Depar	tment of the Treasury	Attach to Form 990.		Open to Public				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization		Employer			mber		
De		ANOTHER ROUND ANOTHER RALLY	83-1	37834	3			
Pa		s Regarding Compensation				T		
4.			000		Yes	No		
па		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for perso	naluaa					
	Travel for com	, i i i i i i i i i i i i i i i i i i i						
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
	,	······································	,,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
				1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	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	i					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	Compensatior							
		ompensation consultant Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
	During the second dis							
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
2	organization or a re			4a		x		
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X		
						X		
U	•	erve payment from an equity-based compensation arrangement?						
	Only section 501(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 compensatio	n					
	contingent on the r							
а	The organization?			5a		X		
		ation?				X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the r	-						
						X		
b		ation?		<b>6</b> b		X		
-		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v		
~		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 the				x		
0				8				
9		id the organization also follow the rebuttable presumption procedure described in		9				
For	Regulations section	<ul> <li>53.4958-6(c)?</li> <li>on Act Notice, see the Instructions for Form 990.</li> </ul>		ule J (Forn	n 900	1 2022		
1 01			Schet		1 330	, 2023		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

83-1378343

Page 2

#### 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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMANDA GUNDERSON	(i)	162,655.	0.	0.	0.	14,619.	177,274.	0.
PRESIDENT & 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)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule		990)	) 2(	02	3
	-				-

#### 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 O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



83-1378343

ANOTHER ROUND ANOTHER RALLY

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

PROVIDE FOR EDUCATION AND ADVOCACY FOR HOSPITALITY COMMUNITY TO CREATE

DIVERSE LEADERSHIP FOR THE NEXT GENERATION. THE ORGANIZATION PROVIDES

GRANTS AND IMMERSIVE EDUCATION SCHOLARSHIPS FOR HISTORICALLY EXCLUDED

PERSONS IN THE COMMUNITY AND SUPPLY EMERGENCY ASSISTANCE TO THOSE

EMPLOYED IN RESTAURANTS, BARS AND HOTELS THAT HAVE FALLEN ON UNEXPECTED

HARDSHIP.

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

PROVIDE FOR EDUCATION AND ADVOCACY FOR HOSPITALITY COMMUNITY TO CREATE

DIVERSE LEADERSHIP FOR THE NEXT GENERATION. THE ORGANIZATION PROVIDES

GRANTS AND IMMERSIVE EDUCATION SCHOLARSHIPS FOR HISTORICALLY EXCLUDED

PERSONS IN THE COMMUNITY AND SUPPLY EMERGENCY ASSISTANCE TO THOSE

EMPLOYED IN RESTAURANTS, BARS AND HOTELS THAT HAVE FALLEN ON UNEXPECTED

HARDSHIP.

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

THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS BEFORE BEING FILED.

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

MEMBERS MUST REPORT CONFLICTS AND DISCUSS POTENTIAL CONFLICTS WITH OTHER

MEMBERS

FORM 990, PART VI, SECTION B, LINE 15A:

FOR C-SUITE EMPLOYEES, ANOTHER ROUND ANOTHER RALLY DOES A COMPETITIVE

ANALYSIS OF SALARIES FROM SIMILARLY SIZED ORGANIZATIONS, AND ORGANIZATIONS

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

32

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization ANOTHER ROUND ANOTHER RALLY	Employer identification number 83-1378343
WITH SIMILAR MISSIONS BOTH NATIONWIDE AND FROM THE LOCATION	N THAT THE
ANOTHER ROUND EMPLOYEE WILL BE WORKING FROM. THAT IS COMBI	NED WITH THE COST
OF LIVING AND BENEFITS PACKAGES TYPICAL FOR THAT POSITION	IN THAT LOCATION.
THOSE NUMBERS ARE THEN PRESENTED TO OUR BOARD OF DIRECTORS	TO VOTE ON THE
COMPENSATION, WITH PAID EMPLOYEES ABSTAINING FROM THE VOTI	NG.
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION PROVIDES A COPY OF ITS 990 TO GUIDESTAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
332212 11-14-23	Schedule O (Form 990) 2023