** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

Inspection

B	Check if	C Name of organization		D Employer identific	cation number		
	Addre	RAVE FOUNDATION					
	_]chang □Name			16_3	932075		
	_]chang □Initial		D. a /a:ta				
H	return □Final		Room/suite	E Telephone numbe (206			
	اreturn. termin ated	_			242,145.		
	Amen	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	-		
H	return □Applic	SEATTLE, WA 90104		H(a) Is this a group re			
	⊥tion pendir	F Name and address of principal officer: ASALLET FOSSERG		for subordinates			
_		" SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ()		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of te: ► WWW.RAVEFOUNDATION.ORG	or 527	1 '	list. (see instructions)		
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile: WA		
	art I	Summary	L Year	or formation. ZOIS	A State of legal doffliche, MA		
	1	Briefly describe the organization's mission or most significant activities: DEVE	LOPED	PLANS WITH S	SEATTLE		
Governance		CITY PARKS TO CONSTRUCT AND BUILD TENNIS	COURT	SIZED SOCCE	R FIELDS		
rnai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10		
တ္	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	3		
/itie	6	Total number of volunteers (estimate if necessary)		6	25		
Activities &				7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
Ф	8	Contributions and grants (Part VIII, line 1h)		83,000.	241,877.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-4,929.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,000.	236,948.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	33,500.		
	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)		74,675.	80,516.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		29,375.	0.		
e x be	b	Total fundraising expenses (Part IX, column (D), line 25) 18,42	<u> 26. </u>				
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,052.	69,820.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		106,102.	183,836.		
	19	Revenue less expenses. Subtract line 18 from line 12		-23,102.	53,112.		
Net Assets or			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		5,322.	58,434.		
t As	21	Total liabilities (Part X, line 26)		0.	0.		
	22	Net assets or fund balances. Subtract line 21 from line 20		5,322.	58,434.		
	art II	Signature Block					
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.			
٠.		Signature of officer		I Date			
Sig		ļ, ·		Dαισ			
Her	е	MAYA MENDOZA-EXSTROM, SECRETARY Type or print name and title					
				Date Check	PTIN		
Paid	ı	Print/Type preparer's name MATTHEW R. MATSON Preclarer's signature MATSON	n CAA	4 44 4 4 B f	─ └		
	ı Darer	Firm's name PETERSON SULLIVAN LLP, CPA'S	1		91-0605875		
	Only	Firm's address 601 UNION ST, STE 2300		Firm's EIN ▶	<u> </u>		
J36	Jilly	SEATTLE, WA 98101-2345		Phone no. (2	06) 382-7777		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		T HOUSE HO. \ Z	X Yes No		

Pa	Charle if Cahadula Coordains a grant at a smalling in this Bart III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO BUILD URBAN SMALL SOCCER FIELDS FOR FREE PLAY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 33,500 .
	NEW SEATTLE HOUSING LOW-INCOME DEVELOPMENT AND THE ENTIRE CITY AT THE SEATTLE WATERFRONT.
4b	(Code:)(Expenses \$45,554. including grants of \$) (Revenue \$) DESIGNED AND BUILT A PORTABLE SOCCER OCTAGON TO BRING FREE PLAY SOCCER AT FUNDRAISING EVENTS AND TO PROMOTE RAVE FOUNDATION AT OTHER EVENTS AROUND THE CITY.
4c	(Code:) (Expenses \$
74	Other program convices (Describe in Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 84,765. Form 990 (2016)

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 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 X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e 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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 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 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II 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

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Form 990 (2016) RAVE FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		X
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		
	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		
	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		x
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		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A support of forman officer discrete tracks of less completes Q (5 m)	28a		х
	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	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	, , ,	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	, o .	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		SSa		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	000	(2215)

Form **990** (2016)

Form 990 (2016) RAVE FOUNDATION Part 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	<u></u>	<u></u> .		
			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ng			
(gambling) winnings to prize winners?		1c	Х	
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 return2a	3			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		_X_
b If "Yes," enter the name of the foreign country: ▶	I			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		_X_
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 s	solicit			37
any contributions that were not tax deductible as charitable contributions?		6a		_ <u>X</u> _
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).		_		Х
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to		7a 7b		
 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 	·····	70		
to file Form 8282?		7c		х
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		,,		
		7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as req	uired?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	· · · · · F	7h		
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.				
a 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:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				
11 Section 501(c)(12) organizations. Enter:				
a 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.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the				
averagination in linear and to increase well-find brought makes				
organization is licensed to issue qualified health plans 6. Enter the amount of receives on hand				
c Enter the amount of reserves on hand 13c		1/10		х
		14a 14b		X

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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 in 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 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 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 similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SHELBY SMITH - (206) 512-1268

Form **990** (2016)

SEATTLE

159 S. JACKSON STREET, SUITE 200,

98104

Form 990 (2016) RAVE FOUNDATION 46-3932075 Page 7

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 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.

(A)	(0)			(B) (C) (D)						(F)
Name and Title	Average	(do	not c	Pos	itior	than a	nne	Reportable	(E) Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an				n an	compensation	compensation	amount of
	week	officer and a director/trustee				r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	ubeu		(44-2/1099-141130)		and related
	below	dual t	ntiona	_	Key employee	st col	<u></u>			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ADRIAN HANAUER	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) FRED MENDOZA	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) MAYA MENDOZA-EXSTROM	20.00									
SECRETARY		Х		Х				65,289.	0.	0.
(4) TAYLOR GRAHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) GARY WRIGHT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ZACH SCOTT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ROGER LEVESQUE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHRISTOPHER BAIRD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ALYSSA MOIR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ERIC OCHIENG	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) JOSE VASQUEZ	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(12) ASHLEY FOSBERG	40.00									
EXECUTIVE DIRECTOR				Х				3,294.	0.	0.
		-								
		-								
	-				_					
		-								
	1	-			\vdash					
						1	ı	1		

Form 990 (2016)

46-3932075 Page **8**

ı uı	Section A. Officers, Directors, Trus		oloy	ees,			gnes	τC	ompensated Employee	s (continued)	—			
	(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation			(F) timate nount	
		week (list any hours for	offi			irecto	or/trus	tee)	from the organization	from related organizations (W-2/1099-MISC		com	other pensa om th	ition
		related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	16	(W-2/1099-MISC)			an	anizat d relat anizati	ed
		line)	Indivic	Institu	Officer	Key en	Highe: emplo	Former			\dashv			
											\top			
											+			
											\dashv			
											\dashv			
											\dashv			
	Sub-total								68,583.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<u> </u>	68,583.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer.	director or tru	ıoto	, ko	on	nnlo		orl	highest compensated on	anlovoo on	-		Yes	No
3	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		X
	tion B. Independent Contractors	-									<u></u>			
1 	Complete this table for your five highest co the organization. Report compensation for	-	-							•	ensati	ion tro	om 	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co)) ompe	;) nsatio	n
	Total number of independent control to a	n aludio - trut -	a+ II:-		1 + - 4	+b = -	a lle	ر- مه	abaya) who massived	we then				
	Total number of independent contractors (i \$100,000 of compensation from the organi		Jt IIN	шес	ı tO 1	tnos (iea	above) who received mo	ore than				
											ı	Form	990 (2016)

632008 11-11-16

Form	990) (2	2016) RAVE	FOUNDATI	ON			46-3932	075 Page 9
Pai	rt V	ΊΪ	Statement of Reven	iue					-
			Check if Schedule O cont	ains a response	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
s, G		С	Fundraising events	1c	27,095.				
Sift.		d	Related organizations	1d					
imi		е	Government grants (contributi	ions) 1e					
tion S		f	All other contributions, gifts, gran	ts, and					
ip it			similar amounts not included above	ve 1f	214,782.				
d dt		_	Noncash contributions included in lines			0.41 000			
<u>ğ</u> <u>ğ</u>		h	Total. Add lines 1a-1f			241,877.			
					Business Code				
ice	2								
Program Service Revenue		b							
n S		C							
gra Re		d							
Pro		e f	All other program service reve	nuo					
_			Total. Add lines 2a-2f						
	3	9	Investment income (including						
	•		other similar amounts)						
	4		Income from investment of tax						
	5		Royalties		Г				
			,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
ne	8	а	Gross income from fundraising including \$ 27,0						
Ven			contributions reported on line						
Other Revenue			Part IV, line 18	-	268.				
her		b	Less: direct expenses		5,197.				
ᅙ			Net income or (loss) from fund			-4,929.			-4,929.
			Gross income from gaming ac			-			
			Part IV, line 19		ı				
		b	Less: direct expenses						
		С	Net income or (loss) from gam	ing activities .					
	10	а	Gross sales of inventory, less	returns					
			and allowances						
		b	Less: cost of goods sold	b	·				
		С	Net income or (loss) from sale						
-			Miscellaneous Revenue		Business Code				
	11								
		b							
		۲ C	All other revenue						
			All other revenue						
		C	Total. Add lines 11a-11d						

Total revenue. See instructions.

Form 990 (2016) RAVE FOUNDATION Part IX Statement of Functional Expenses

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•	, , , , , , , , , , , , , , , , , , ,	
	and domestic governments. See Part IV, line 21	33,500.	33,500.		
2	Grants and other assistance to domestic				
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,583.	6,529.	55,525.	6,529.
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	5,685.		5,685.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6 040		6 040	
10	Payroll taxes	6,248.		6,248.	
11	Fees for services (non-employees):				
а					
b	Legal				
С	5 –				
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	504		0.68	0.65
13	Office expenses	534.		267.	267.
14	Information technology	15,687.		7,844.	7,843.
15	Royalties				
16	Occupancy	124		124	
17	Travel	134.		134.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			2 - 2 - 2	
23	Insurance	7,575.		3,788.	3,787.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSES	44,736.	44,736.		
a b	MISCELLANEOUS	1,154.	22,7300	1,154.	
C		_,		_,	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	183,836.	84,765.	80,645.	18,426.
26	Joint costs. Complete this line only if the organization	,	,	,	-,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Part X Balance Sheet

art	^	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,322.	1	54,705
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr).			6	
	7	Notes and loans receivable, net		7		
:	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	0.	9	3,72	
1	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1	11	Investments - publicly traded securities			11	
1	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		5,322.	16	58,43
	17	Accounts payable and accrued expenses		•	17	•
1	18	Grants payable			18	
1	19	Deferred revenue		19		
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete	ı		21	
2	22	Loans and other payables to current and former				
		key employees, highest compensated employee				
					22	
2	23	Secured mortgages and notes payable to unrela	ı		23	
	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	•			
					25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	
		Organizations that follow SFAS 117 (ASC 958				
		complete lines 27 through 29, and lines 33 an				
2	27	Unrestricted net assets		5,322.	27	58,43
2	28	Temporarily restricted net assets			28	
2	29	D			29	
		Organizations that do not follow SFAS 117 (A				
		and complete lines 30 through 34.				
3	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or ed			31	
3	32	Retained earnings, endowment, accumulated in			32	
!	33	Total net assets or fund balances		5,322.	33	58,43
	34	Total liabilities and net assets/fund balances		5,322.	34	58,43

Form **990** (2016)

Pa	T 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		6,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,8			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,3	<u>22.</u>		
5	Net unrealized gains (losses) on investments						
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 in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5	8,4	<u>34.</u>		
Pa	t 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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2016)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016
Open to Public

m990. Inspection
Employer identification number

Name of the organization

RAVE FOUNDATION 46-3932075 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4,7 = 3 · =	(2) = 3 : 3	(0) = 0	(4,7 = 0.10	(0) = 0 : 0	(1) 1010.
	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						
	Gross receipts from related activities,	· ·				12	
13	First five years. If the Form 990 is for	J	, ,	, ,	•	()()	
Sec	organization, check this box and store ction C. Computation of Publi						P
				oolumn (fl)		14	0/
	Public support percentage for 2016 (li Public support percentage from 2015		•	***		15	<u>%</u>
	33 1/3% support test - 2016. If the c						
100	stop here. The organization qualifies						. —
b	33 1/3% support test - 2015. If the co		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	· ·	~	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	_				•	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	ınization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s >
					Sch	edule A (Form 990	or 990-EZ) 2016

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

(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.)

Se	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		30,000.	136,000.	83,000.	241,877.	490,877.
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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		30,000.	136,000.	83,000.	241,877.	490,877.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ł	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.
(Add lines 7a and 7b						0.
_8	Public support. (Subtract line 7c from line 6.)						490,877.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		30,000.	136,000.	83,000.	241,877.	490,877.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1,816.			1,816.
13	Total support. (Add lines 9, 10c, 11, and 12.)		30,000.	137,816.	83,000.	241,877.	492,693.
14	First five years. If the Form 990 is for	ŭ		•	•		
_	check this box and stop here						<u>▶X</u>
	ction C. Computation of Publi					Г	
15	Public support percentage for 2016 (li			olumn (f))		15	%
<u>16</u>	Public support percentage from 2015					16	%
	ction D. Computation of Inves					Г. <u></u> Г	
	Investment income percentage for 20					17	%
18						18	<u>%</u>
19	a 33 1/3% support tests - 2016. If the						. .
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	inization qualifies a	s a publicly suppo	orted organization	▶∐
20	Drivate foundation If the organization	n did not chack a	hay on line 14 10c	or 10h chock thi	e hay and eac inc	tructions	

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

		Yes	No
	1		
	•		
	2		
	3a		
	oa		
	OI-		
	3b		
	3с		
	4a		
	4b		
	1.5		
	4c		
	40		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	0		
	8		
	Q ₂		
	9a		
	9b		
	9с		
	10a		
	10b		
_		0 E7	

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	The today of the contract of t	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
	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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	uotioi 13).	Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		Ju		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1. S II 100, GOODING III T GIL VI THE FOIE DIGITED OF THE OF GAINZARION III THIS TEGALA.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(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		
d	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	ITLV Type III Non-Functionally I	ntegrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations	to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that dire				
	organizations, in excess of income from a				
3	Administrative expenses paid to accompli				
4	Amounts paid to acquire exempt-use asse				
5	Qualified set-aside amounts (prior IRS app				
6	Other distributions (describe in Part VI). S	ee instructions			
7	Total annual distributions. Add lines 1 th	rough 6			
8	Distributions to attentive supported organ	izations to which th	ne organization is responsive		
	(provide details in Part VI). See instruction	is			
9	Distributable amount for 2016 from Section	n C, line 6			
10	Line 8 amount divided by Line 9 amount				
Secti	tion E - Distribution Allocations (see instr	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section	n C, line 6			
2	Underdistributions, if any, for years prior to	2016 (reason-			
	able cause required- explain in Part VI). Se	e instructions			
3	Excess distributions carryover, if any, to 2	016:			
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior year	3			
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instr	ructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i fi	om 3f.			
4	Distributions for 2016 from Section D,				
	line 7:				
а	Applied to underdistributions of prior year	S			
b	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from	4			
5	Remaining underdistributions for years pri	·			
	any. Subtract lines 3g and 4a from line 2.	For result greater			
	than zero, explain in Part VI. See instruction	ons			
6	Remaining underdistributions for 2016. Su	btract lines 3h			
	and 4b from line 1. For result greater than	zero, explain in			
	Part VI. See instructions				
7	Excess distributions carryover to 2017.	Add lines 3j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.										
		D, lines 5, tructions.)	6, and 8; a	and Part V,	Section	E, lines 2, 5, a	and 6. Also	o comple	ete this part	for any additional information.
SCHEDU	LE A,	PART	III,	LINE	12,	EXPLAN	ATION	FOR	OTHER	INCOME:
MISCEL	LANEO	US IN	COME							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2016

OMB No. 1545-0047

Name of the organization

Employer identification number

RAVE FOUNDATION 46-3932075

Organiza	ation type (check or	ne):				
Filers of	:	Section:				
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

RAVE FOUNDATION 46-3932075

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

RAVE FOUNDATION

46-3932075

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			, -
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
623453 10-18			990 990-F7 or 990-PF) (2016)

Name of organization Employer identification number RAVE FOUNDATION 46-3932075 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 46-3932075 RAVE FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2016

		le G (Form 990 or 990-EZ) 2016 RAVE FC				3932075 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundamental f				
		or fundraising event contributions and gr	(a) Event #1 RAVE FOUNDATION L	(b) Event #2 GARAGE SALE	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 20,000.	(event type) 6 , 118 .	(total number)	27,363.
	2	Less: Contributions	19,732.	6,118.	1,245.	27,095.
	3	Gross income (line 1 minus line 2)	268.			268.
	4	Cash prizes				
es	5	Noncash prizes	2,887.			2,887.
Direct Expenses	6	Rent/facility costs	235.		275.	510.
Direct I	7	Food and beverages				
	8 9	EntertainmentOther direct expenses	1,800.			1,800.
	10	5,197.				
Pa	11 rt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	. 000 Dest IV line 10 and		-4,929.
1 4		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or 1	reported more than	
une		\$10,000 0111 0111 000 EE, III10 00.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_	etatos?		Yes No
		No," explain:	Cuvides in each of these :	J. G.		NO
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	erminated during the tax v	/ear?	Yes No
.va	440	S. S. arry or the organization of garming hochises it	oranou, ousponueu, or te	iacoa during the tax y	, oui :	163 140

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 RAVE FOUNDATION	46-3932075 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	120
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and \$	ount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
·	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

Schedule G (Form 990 or 990-EZ) RAVE FOUNDATION	46-3932075 Page 4
Schedule G (Form 990 or 990-EZ) RAVE FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2016)

Name of the organization	Employer identification number						
RAVE FOUN Part I General Information on Grants a							46-3932075
Does the organization maintain records to	to substantiate th						
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than S	T '	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	T '		(f) Method of	T	T
(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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICA SCORES							
520 EIGHTH AVENUE, 2ND FLOOR, 201C							
NEW YORK, NY 10018	52-1955491	501(C)(3)	10,000.	0.			SOCCER PROGRAM SUPPORT
·			,				
WASHINGTON SOCCER FOR SUCCESS							
7100 FORT DENT WAY, SUITE 215							
TUKWILA, WA 98188	23-7303150	501(C)(3)	10,000.	0.			SOCCER PROGRAM SUPPORT
VOLUMERADE							
YOUTHCARE 2500 NE 54TH STREET							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

46-3932075

Page 2

RAVE FOUNDATION

Schedule I (Form 990) (2016)

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

RAVE FOUNDATION

Employer identification number 46-3932075

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN TWO COMMUNITIES IN SEATTLE BETWEEN 2016-2018; FIELDS WILL BE OPEN
FOR FREE PLAY SERVING 500+ RESIDENTS OF NEW SEATTLE HOUSING LOW-INCOME
DEVELOPMENT AND THE ENTIRE CITY AT THE SEATTLE WATERFRONT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE BOARD PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY
ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY REVIEW OF THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
OUR ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON OUR WEBSITE. BYLAWS AND
OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)