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Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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)

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.



AF	or the a	2019 calendar year, or tax year beginning and	ending		
B c	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address change	RAVE FOUNDATION			
	Name change	Doing business as	46-39320	75	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/	159 S. JACKSON STREET, SUITE 200		(206) 512	2-1268
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	455,650.
	Amende return	SEATTLE, WA 90104		H(a) Is this a group re	turn
	Applica-	F Name and address of principal officer: ADALLET FOBLERG		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		npt status: 🔀 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. (see instructions)
		E ► WWW.RAVEFOUNDATION.ORG		H(c) Group exemption	
		rganization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2013 N	I State of legal domicile: WA
Pa		Summary			
đ		riefly describe the organization's mission or most significant activities: <u>RAVE</u>			
Ŭ	<u>I</u>	DEVELOP TENNIS COURT SIZED SOCCER FIELDS	FOR FR	REE PLAY INC	LUDING
Activities & Governance	2 C	heck this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Š					10
ত		lumber of independent voting members of the governing body (Part VI, line 1b)			10
es		otal number of individuals employed in calendar year 2019 (Part V, line 2a) \ldots			2
Viti		otal number of volunteers (estimate if necessary)			50
Acti	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	let unrelated business taxable income from Form 990-T, line 39	. <u></u>		0.
				Prior Year	Current Year
ē		contributions and grants (Part VIII, line 1h)		868,854.	455,650.
Revenue		rogram service revenue (Part VIII, line 2g)		0.	0.
Sec.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-53,342.	-31,992.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		815,512.	423,658.
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		9,836.	21,480.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	121 011
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		149,485.	131,011.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	47	0.	0.
ğ	b T	otal fundraising expenses (Part IX, column (D), line 25) 63,54		604,344.	207 004
ш	" "	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			207,994.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		763,665.	360,485.
		evenue less expenses. Subtract line 18 from line 12		51,847.	63,173.
ts or nces	-			ginning of Current Year 103,964 •	<u>End of Year</u> 167,137.
Assets Balanc	20 T	otal assets (Part X, line 16)		· · ·	
Net A	1	otal liabilities (Part X, line 26)		0. 103,964.	<u> </u>
		let assets or fund balances. Subtract line 21 from line 20		103,904.	10/,13/.
I C	ai L 11				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
Here	MAYA MENDOZA-EXSTROM,	TREASURER									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN							
Paid	MATTHEW R. MATSON	MATTHEW R. MATSON	11/13/20 self-employ	ed P00775671							
Preparer	Firm's name 🕒 BDO USA, LLP		Firm's EIN 🕨	13-5381590							
Use Only	Firm's address 🖕 601 UNION ST, ST	E 2300									
	SEATTLE, WA 9810	1-2345	Phone no. (2	06) 382-7777							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2019)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) RAVE FOUNDATION	46-3932075	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
	TO BUILD SMALL FIELDS FOR FREE PLAY AND INVEST IN PROGR	RAMS THAT USE	
	SOCCER AS A VEHICLE TO INSPIRE YOUTH AND STRENGTHEN CON	MUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗌	XNo
	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 service	s? Yes 🗌	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section $501(a)(a)$ and $501(a)(b)$ arganizations are required to report the amount of grants and ellipsetions to a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	iners, the total expenses, and	
4a	(Code:) (Expenses \$117,884. including grants of \$21,480.) (R	evenue \$)
	DEVELOPED PLANS TO CONSTRUCT AND BUILD TENNIS COURT SIZ	ZED SOCCER FIELD	DS
	IN COMMUNITIES IN SEATTLE TO PROVIDE A PLACE FOR KIDS		
	BE PHYSICALLY ACTIVE AND SAFE, AND TO BE INCLUSIVE STAN THEIR COMMUNITIES.	CEHOLDERS IN	
	INEIR COMMONITIES:		
4b		evenue\$)
	RAVE CAMPS AND CLINICS ARE SOCCER SKILLS TRAINING EXPERIMENTAL PROPERTY OF THE		
	FOR FREE TO UNDERSERVED COMMUNITIES THROUGHOUT THE PUG ARE TWO-HOUR SESSIONS PROGRAMMING IN THE SPRING AT LOCA		<u>cs</u>
	CENTERS AND SCHOOLS, AND CAMPS ARE WEEK-LONG PROGRAMS I		
	SUMMER AT VARIOUS PARKS AND REC LOCATIONS. RAVE CAMPS A		
	SOUNDERS FC ACADEMY STAFF AND OTHER PARTNER PROGRAM PRO	DVIDERS.	
4c)
	ONE BALL PROGRAM HAS THE GOAL OF PROVIDING 100,000 SOCO	ER BALLS TO KI	DS
4d	Other program services (Describe on Schedule O.)	1	
4e	(Expenses \$36,748. including grants of \$) (Revenue \$ Total program service expenses ► 192,026.)	
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Form	990	(2019)	۱
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 Form 990 (2019)
 RAVE
 FOUNDATION

 Part IV
 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	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.			
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	X	
3200	3 01-20-20	Form	990 ((2019)

932003 01-20-20

2019.05000 RAVE FOUNDATION

3

Form	990	(2019)	
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 Form 990 (2019)
 RAVE
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		I
	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 10			
b	Enter the number of Forms W-2G included in 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	X	
932004	4 01-20-20	Form	990	(2019)

4 2019.05000 RAVE FOUNDATION

	990 (2019) RAVE FOUNDATION 46-3932	075	Р	age 5
Par	TV 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 2		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_ <u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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 required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		<u> </u>
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 h	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
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 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?	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			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

	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 10			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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 the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tita		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
U	in Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13		x
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent	17		
0	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	15a		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		- 23
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
0a		16-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
00	exempt status with respect to such arrangements?	16b		L
7				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	; only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
~		<i>c</i>		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ciai	
^	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PAULETTE HARRIS – (206) 512–1268			
			000	(0040
2006	01-20-20	Form	9 90	(2019
11	6 13 758871 093308.0 2019.05000 RAVE FOUNDATION		09	330

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2019)

14

10

1a

X

Yes No

<u>Form 990 (</u>	2019) RAVE FOUNDATION	46-3932075	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with	n 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.

See 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		Position		Position (do not check more than one		Reportable	Reportable	Estimated
	hours per	box, unles		ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a		irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ASHLEY FOSBERG	40.00	_	_		-					
EXECUTIVE DIRECTOR				x				108,150.	0.	7,200.
(2) FRED MENDOZA	2.00									
CHAIR		х		x				0.	Ο.	0.
(3) CHRIS BAIRD	2.00									
VP & SECRETARY		х		x				0.	Ο.	0.
(4) MAYA MENDOZA EXSTROM	2.00									
TREASURER		Х		X				0.	Ο.	0.
(5) ADRIAN HANAUER	1.00									
MEMBER		Х						0.	0.	0.
(6) ZACH SCOTT	1.00									
MEMBER		Х						0.	0.	0.
(7) ROGER LEVESQUE	1.00									
MEMBER		Х						0.	0.	0.
(8) ALYSSA MOIR	1.00									
MEMBER		Х						0.	0.	0.
(9) ERIC OCHIENG	1.00									
MEMBER		Х						0.	0.	0.
(10) JOSE VASQUEZ	1.00									
MEMBER		Х						0.	0.	0.
(11) GARY WRIGHT	1.00									
MEMBER		Х						0.	0.	0.
(12) TODD COWLES	1.00									
MEMBER		Х						0.	0.	0.
(13) TAYLOR GRAHAM	1.00									
MEMBER		Х						0.	0.	0.
		-								
					-	<u> </u>				
		<u> </u>	<u> </u>							
		-								
										Form 990 (2019)
932007 01-20-20										Form 330 (2019)

7

932007 01-20-20

Form 990 (2019)

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	990 (2019) RAVE FOUN	DATION								46-39	32	075	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	I	fr org an	pensa om th anizat d relat anizati	e ion ed
	Subtotal								108,150.		0.		7,2	00.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								108,150.		0.		7,2	
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	ł			1
3	Did the organization list any former officer,	director. truste	e. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for se	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>											5		x
Sec	tion B. Independent Contractors					00/3	011 .							
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	om	
	(A) Name and business			ONE					(B) Description of s		с	((ompe	C) nsatio	n
2	Total number of independent contractors (ir		ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				0)					Form	990 (2019)

932008 01-20-20

Ра	ττ νιι				P				
		Check if Schedule O	contains a	a response	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b								
٦ġ	c				129,862.				
ifts,	d								
nila nila	e			1e					
Sir	f	All other contributions, gifts,							
her		similar amounts not included			325,788.				
Ģt	g			1g \$	32,151.				
Cor	h	Total. Add lines 1a-1f				455,650.			
<u> </u>					Business Code	•			
Ð	2 a								
Program Service Revenue	b								
Ser	c								
	d								
Bag	е								
Pro	f	All other program service	revenue						
	g								
	3	Investment income (includ							
		other similar amounts)	•		· .				
	4	Income from investment of							
	5	Royalties		· · · ·					
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с		6c						
	d)						
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	с	Gain or (loss)	7c						
Be	d	Net gain or (loss)			►				
ler		Gross income from fundraisi							
Ōţ		including \$ 129	,862	• of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b	31,992.				
	с	Net income or (loss) from	fundraisii	ng events	<u></u>	-31,992.			-31,992.
	9 a	Gross income from gamin	ng activitie	es. See					
		Part IV, line 19		<u>9a</u>					
	b	Less: direct expenses							
	С	Net income or (loss) from	gaming a	activities	🕨				
	10 a	Gross sales of inventory, I	less retur	ns					
		and allowances		<u>10a</u>					
	b	Less: cost of goods sold		10b					
	с	Net income or (loss) from	sales of i	nventory	>				
s					Business Code				
) Sou	11 a								
ane	b								
cell	c						ļ		
Miscellaneous Revenue	d	All other revenue							
-	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ons		►	423,658.	0.	0.	
93200	9 01-20	-20							Form 990 (2019)

RAVE FOUNDATION

Form 990 (2019)

Page **9**

46-3932075

RAVE FOUNDATION

	T IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	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	21,480.	21,480.		
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	113,142.	49,898.	22,628.	40,616
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	4,941.	2,181.	988.	1,772
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u>1,417.</u> 3,575.	674.	283.	460
9	Other employee benefits	3,575.	1,486.	715.	1,374
10	Payroll taxes	7,936.	3,690.	1,587.	2,659
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
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.)	18,877.	1,750. 30,431.	7,127.	10,000
12	Advertising and promotion	49,926.	30,431.	18,168.	1,327
13	Office expenses	28,479.		25,433.	3,046
14	Information technology	11,349.		11,349.	
15	Royalties				
16	Occupancy				
17	Travel	3,819.	335.	3,484.	
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				
23	Insurance	9,550.		9,550.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	80,101.	80,101.		
b	MISCELLANEOUS	2,906.		2,906.	
с	FUNDRAISING	1,893.		-	1,893
d	TAXES & LICENSES	1,094.		694.	400
е	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	360,485.	192,026.	104,912.	63,547
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	advectional comparison and fundraising colligitation				

932010 01-20-20

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educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

> 10 2019.05000 RAVE FOUNDATION

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11

46-3932075 Page 11

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	103,964.	1	154,813.
	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 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	
<u>ع</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	12,324
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	103,964.	16	167,137
	17	Accounts payable and accrued expenses		17	
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		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	0.	26	0.
		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	103,964.	27	167,137.
Ba	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
ŝŝe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t≽	31	Retained earnings, endowment, accumulated income, or other funds		31	4 6 - 1 6
Š	32	Total net assets or fund balances	103,964.	32	167,137.
	33	Total liabilities and net assets/fund balances	103,964.	33	167,137. Form 990 (2019

Form 990 (2019)

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	990 (2019) RAVE FOUNDATION	46-393	<u>2075</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			423		50
1	Total revenue (must equal Part VIII, column (A), line 12)	1	360		
2	Total expenses (must equal Part IX, column (A), line 25)	2			73.
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103	, 9	64.
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,		1.00		~ =
De	column (B))	10	167	΄, Ι.	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2a		х
Zđ	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za		- 21
		ona			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
			0		х
D	Were the organization's financial statements audited by an independent accountant?		2b		л
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e dasis,			
	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		
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	•			v
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		_ 3b	000	(0010)

Form **990** (2019)

932012 01-20-20

(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.

OMB No. 1545-0047
2019
Open to Public Inspection

	Participation of the reason												
Nam	ne of	the organiza								Employer identification numbe			
				FOUNDATIO	N					6-3932075			
Pa	rt I	Reaso			All organizations must co	mplete th	is part.) Se	e instructions					
The	orgar				For lines 1 through 12, cl								
1			•		on of churches described	•	,	I)(A)(i).					
2	\square				Attach Schedule E (Form			- // - // -/-					
3					anization described in se			ii).					
4	\square				njunction with a hospital				(iii). Enter	the hospital's name,			
		city, and st	•		, ,				. ,				
5		•	-	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, s	state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	-		•	ntial part of its support fr				e general p	oublic described in			
		-		Complete Part II.)		•							
8		A commun	ity trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)							
9		An agricult	ural research or	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college			
		or universit	ty or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
		university:					-		-				
10		An organiz	ation that norma	ally receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersh	nip fees, an	d gross receipts from			
		activities re	elated to its exer	mpt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gross investment			
		income an	d unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	ıfter June 30, 1975.			
		See sectio	on 509(a)(2). (Co	omplete Part III.)									
11		An organiz	ation organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).					
12		An organiz	ation organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
		more publi	cly supported o	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	5 09(a)(3). (Check the box in			
		lines 12a tl	nrough 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		Type I. A	supporting org	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), ty	pically by	giving			
		the supp	orted organizati	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	Ipporting			
		organiza	tion. You must	complete Part IV, Se	ections A and B.								
b		Type II.	A supporting or	ganization supervised	l or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving			
		control c	r management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
	_	organiza	tion(s). You mu	st complete Part IV,	Sections A and C.								
С			-		g organization operated i				ly integrate	d with,			
	_	its suppo	orted organizatio	on(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.					
d					porting organization operation				Ŭ,				
			-		zation generally must sati	•			an attentiv	/eness			
	_	- ·	•	,	nplete Part IV, Sections								
е					written determination from			Type I, Type I	I, Type III				
_			• •	• •	nally integrated supportir	ng organiz	ation.			[
f			er of supported	•									
g		(i) Name of su		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other			
		organizat			(described on lines 1-10	in your governi	ing document?	support (see in		support (see instructions)			
					above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 RAVE FOUNDATION

46-3932075 Page 2

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) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	83,000.	241,877.	535,739.	868,773.	455,650.	2185039.	
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	83,000.	241,877.	535,739.	868,773.	455,650.	2185039.	
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)						1172627.	
6	Public support. Subtract line 5 from line 4.						1012412.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	83,000.	241,877.	535,739.	868,773.	455,650.	2185039.	
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						2185039.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
	organization, check this box and stop	o here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	46.33 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	36.29 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c					
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	t VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization			
b	0 10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or	
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	•	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		
					Cali	dulo A (Earm 000		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RAVE FOUNDATION

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.)

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	janization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018		1			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19		1 6	:	Sch	nedule A (Forr	m 990 or 990-EZ) 2019

2019.05000 RAVE FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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 (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 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.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 RAVE FOUNDATION
Part IV Supporting Organizations (continued)

11 Heats the organization accepted a gift or combibution from any of the following persons? 11 <				Yes	No
 a 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? b A anny member of a person described in (b) above? c A SSN controlled entity of a person described in (b) above? c A SSN controlled entity of a person described in (b) above? c A SSN controlled entity of a person described in (b) above? c A SSN controlled entity of a person described in (b) above? c A SSN controlled entity of a person described in (b) above? a Ves No regulariy appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? No describe how the powers to again and/or more wasported organization, addescribe how the powers to again and/or more wasported organization, addescribe how the powers to again tax/or and/or the upposes of the supported organization? d bid the organization operate for the bonefit of an yup applet do such powers during the tax year? e Did the organization operate for the bonefit of an yup applet do such powers during the tax year? e Did the organization's directors or trustees during the tax year at 10 more than one supported organization? f Were a majority of the organization's directors or trustees during the tax year at 20 more ordered, any applet do reganization of the tax year? f Were an adjuctly of the organization's supported organization, and (b) coperated, any applet do reganization on the supporting Organization and was used of the supported organization? f Were an adjuctly of the organization's supported organization, b) that aday of the fifth month of the organization's directors or trustees during the tax year at 20 more organization and was used at the same persons that controlled or managed the analytic of the organization's directors, or trustees during the tax year? d bid the erganization support do org	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a previon described in (ig above? c. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled within <i>Q</i> around described in <i>B</i> above? d. A 35% controlled with a supervised and an another <i>B</i> and <i>B</i> above? d. A 35% controlled with <i>B</i> and <i>B</i> a	а				
e A 35% controlled entity of a person described in [a) or (b) above? If Yes' to a, b, or c, provide detail in Part V. <pre> 11c Section B. Type I Supporting Organizations Ves No regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tay year' If Ywo, "describe in Part VI how the supported organization directors or trustees at all times during the tay year' If Ywo, "describe in Part VI how the supported organization directors or trustees at all times during the supported organization appoint and/or emove directors or trustees were allocated among the supported organization appoint and/or emove directors or trustees were allocated among the supported organization specifies or restrictions, if ym, specified to supported organization, the tay year If Ywo, "describe in Part VI how providing such barefit camed out the purposes of the supported organization (b) that operated, suppointed or controlled the supported organization (b) that operated, suppointed or organization's directors or trustees derive allocate allocate Yeas No rustees of each of the organization's directors or trustees derive persons that controlled or manageed the supported organization's directors or trustees during the tax year allo a majority of the directors or manageed to the organization's directors or trustees during the provided organization's directors or trustees were allocate during the protext ves (b) The Organization's directors or trustees during the tax year allo a majority of the organization's directors or trustees during the supported or manageed to the supporting Organization (b) If M Ywo, "describe IP M Ywo, were allocated are organization's directors or trustees during the tax year I bot the organization's directors or tr</pre>		below, the governing body of a supported organization?	11a		
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 2 Activities Test. Answer (a) and (b) 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? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>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.</i> b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organizations. Answer (a) and (b) 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? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			uctions)		
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify Image: the support of the organization was responsive to those support organizations, and how the organization determined 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 organizations. Answer (a) and (b) below. 2b 3 Parent of Supported Organizations? Provide details in Part VI. 3a b 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? Provide details in Part VI. 3a					
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how the organization was responsive to those supported organizations, and how the organization determined 2a b Did the 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 a of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the a reasons for the organization's position that its supported organization(s) would have engaged in these a activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 4					
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Image: Comparization is position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Image: Comparization is position that its supported organization(s) would have engaged in these 3 Parent of Supported Organizations. Answer (a) and (b) below. Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Image: Comparization is of each b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
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trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup	3	5			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	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		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

17

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			

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

1

Part V

Schedule A (Form 990 or 990 EZ) 2019 RAVE FOUNDATION

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Τ

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

7

emergency temporary reduction (see instructions).

instructions).

6

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 RAVE FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)						
Sect	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.	-							
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
с	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
с	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 RAVE FOUNDATION

Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5 (See instructions.)	c, 11a, 11b, and 11c; Part IV, Section nes 1c, 2a, 2b, 3a, and 3b; Part V, I	on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
932028 09-25-	19		Schedule A (Form 990 or 990-EZ) 2019
		20	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

R

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

46-3932075

AVE	FOUNDATION	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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 crueity 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the 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)	(2019)
------------	-------	------	---------	------------	--------

Name of organization

Employer identification number

RAVE FOUNDATION

46-3932075

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 57,520. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 69,853. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

No.

6

14381113 758871 093308.0

	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 3	
Name of o	rganization		Employ	yer identification number	
RAVE	FOUNDATION		46	-3932075	
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
3	TICKETS, MERCHANDISE	_			
		\$32,1	51.	_12/31/19_	
(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.)		
		 \$			
(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	
923453 11-06	5-19	Schedule	B (Form 9	990, 990-EZ, or 990-PF) (2019)	

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23 2019.05000 RAVE FOUNDATION

Page 4

ame of org	panization		Employer identification numb			
AVE F	OUNDATION		46-3932075			
Part III	Exclusively religious, charitable, etc., contributio	through (e) and the following line entr naritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the y			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	L	(e) Transfer of gift				
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of gift				
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
No. om	(b) Purpose of gift		(d) Description of how gift is held			
art I	(b) Fulpose of gift					
		(e) Transfer of gift				
-	Transferee's name, address, and		Relationship of transferor to transferee			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
54 11-06-1	9	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2			

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2019.05000 RAVE FOUNDATION

SCHEDULE G	IEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047							
(Form 990 or 990-EZ)	Complete if the	or if the	2019					
Department of the Treasury			Open to Public					
Internal Revenue Service Name of the organization		Employer ide	Inspection entification number					
RAVE FOUNDATION 46-39								
	ing Activities.	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o		► utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 RAVE FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STRIKES WITH	RAVE GREEN		(add col. (a) through
		SOUNDERS	RUN	5	
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	44,382.	59,968.	25,512.	129,862
2	Less: Contributions	44,382.	59,968.	25,512.	129,862
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes	925.	2,098.		3,023
6	Rent/facility costs	7,801.			7,801
7	Food and beverages				
8	Entertainment		850.		850
			12,405.	523.	20,318
					31,992
				•	-31,992
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes%	└── Yes %	└── Yes %	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
٥	Not againg income summary. Subtract line	7 from line 1 column (d)		•	
0	net gaming income summary. Subtract inter				
					Yes N
lf "I	No," explain:				
	re any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax y	ear?	Yes N
	Yes," explain:				
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 11 1 1 1 1 1 1 1 1 1 1	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 1 	STRIKES WITH SOUNDERS (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 7 Journe 10 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	STRIKES WITH RAVE GREEN SOUNDERS RUN (event type) (a) prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (a) Bingo (b) Pull tabs/instant bingo/progressive bingo <td>STRIKES WITH RAVE GREEN 5 SOUNDERS RUN 1 Gross receipts 44,382. 2 Less: Contributions 44,382. 3 Gross income (line 1 minus line 2) 4 4 Cash prizes 925. 5 Noncash prizes 925. 6 Rent/facility costs 7,801. 7 Food and beverages 7,390. 9 Other direct expenses 7,390. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 12 Grass revenue (a) Bingo 13 Gross revenue (b) Pull tabs/instant 2 Cash prizes 1 3 Noncash prizes 1 4 Rent/facility costs 1 5 Other direct expenses 1 4 Rent/facility costs 1 5 Other direct expenses 1</td>	STRIKES WITH RAVE GREEN 5 SOUNDERS RUN 1 Gross receipts 44,382. 2 Less: Contributions 44,382. 3 Gross income (line 1 minus line 2) 4 4 Cash prizes 925. 5 Noncash prizes 925. 6 Rent/facility costs 7,801. 7 Food and beverages 7,390. 9 Other direct expenses 7,390. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 11 Net icome summary. Subtract line 10 from line 3, column (d) 12 Grass revenue (a) Bingo 13 Gross revenue (b) Pull tabs/instant 2 Cash prizes 1 3 Noncash prizes 1 4 Rent/facility costs 1 5 Other direct expenses 1 4 Rent/facility costs 1 5 Other direct expenses 1

Sch	edule G (Form 990 or 990-EZ) 2019 RAVE FOUNDATION	46-39	32075	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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:			
a	The organization's facility		13a	%
b	An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$	unt		
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			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	ו the		
	organization's own exempt activities during the tax year > \$			
Ра	TEXTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9,	9b, 10b,
9320	83 09-11-19 Schedule 27	G (Form	990 or 990	-EZ) 2019

i art iv	 (continuea) 	
		Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019
Department of the Treasury	Comp	lete il tile organizatio	Attach to For		11 IV, III 2 1 01 22.		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization RAVE FOUN	DATION						Employer identification number $46-3932075$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records criteria used to award the grants or assist							on 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, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.		1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POSITIVE COACHING ALLIANCE							
1001 N RENGSTORFF AVE NO. 100							
MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	•		l e line 1 table			1	↓ <u>1.</u>

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

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public

Name of the organization

RAVE FOUNDATION

Employer	identification	number
4	6-39320	75

Pa	rt I Types of Property						-
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	X	135	25,000.	FMV		
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other \blacktriangleright (<u>TICKETS</u>)	X	135	7,151.	FMV		
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 (
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			
						Ye	s No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period	?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	<u> </u>
b	If "Yes," describe in Part II.						

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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932141 09-27-19

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

<u> </u>	
932142 09-27-19	Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

RAVE FOUNDATION

46-3932075

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

SITE PLANNING AND FUND DEVELOPMENT, RESEARCHED FUTURE FIELD LOCATIONS

AND CONTINUED PROGRAMS THAT RESPOND TO COMMUNITY AND STUDENT NEEDS IN

UNDERSERVED AREAS INCLUDING SCIENCE OF SOCCER, SPORTS MEDIA INSTITUTE,

ONE BALL PROGRAM, GOALS FOR ART, AND THE RAVE ATTENDANCE INCENTIVE

PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOALS FOR ART, ADOPT-A-SCHOOL, SCIENCE OF SOCCER AND THE SPORTS MEDIA

INSTITUTE.

EXPENSES \$ 36,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

FRED MENDOZA (OFFICER) IS THE FATHER OF MAYA MENDOZA-EXSTROM (OFFICER).

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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 33

ame of the organization RAVE FOUNDATION	Employer identification number
UR ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON OUR WEBSIT	E. BYLAWS AND
THER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	

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Schedule O (Form 990 or 990-EZ) (2019)

Page **2**