Form	990
Departm	ent of the Treasury

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.

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

OMB No. 1545-0047 G Open to Public

Interr	nal Reve	nue Servio	ce	Information a	about Form 990 and it	s instruction	s is at www	v.irs.gov/f	form990.			Inspecti	on
A F	or th	e 2021	caler	idar year, or tax year begir	nning		and end	ding					
_		[C Name	e of organization					D Empl	oyer ider	ntification	number	
B c	heck if ap	plicable:	RAV	E FOUNDATION									
	Addre			Business As					46-	39320)75		
	chang	change		per and street (or P.O. box if mail is	not delivered to street addre	ess)	Room/suite	e	E Telep				
_	-			,		,		-				`	
_	Initial	- F		OCCIDENTAL AVE S.	and ZIP or foreign postal cor	40			(20	10) 51	2-1268	,	
_	Termi Amen				and Zir or loreign postar coc	ue -			•		¢		
_	return Applic	· L		TTLE, WA 98104					G Gross			1,112	<u> </u>
	pendi	ng		e and address of principal officer:	MAYA MENDOZA	A-EXSTRO	M		H(a) Is th subc	ordinates?	return for	Yes	X No
			406	OCCIDENTAL AVE S.,	SEATTLE, WA 98	8104			H(b) Are	all subordin	ates included?	Yes	No
<u> </u>	Tax-ex	empt stat	tus:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or	527	lf "N	No," attach	a list. (see in	structions)	
J	Websi	te: 🕨	WWW.	RAVEFOUNDATION.ORG					H(c) Grou	up exempt	ion number	>	
κ	Form of	of organiz	zation:	X Corporation Trust	Association Other		L Yea	r of formati	on: 201	.3 M S	tate of lega	I domicile:	WA
Pa	art I	Sum	nmary										
	1	Briefly	descril	be the organization's mission o	r most significant activitie	es: RAVE	FOUNDA	TION C	CONTIN	JUED	TO BUI	LD SMA	ALL
e				IELDS FOR FREE PLAY	-								
anc				ENT, RESEARCHED FUT					PROGE	RAMS			
Activities & Governance	2			$x \triangleright $ if the organization d									
Š					•	•					3		13
ي م	3	Numbe		ting members of the governing	body (Part VI, line Ta)					· • • -			
es				dependent voting members of t							4		13
viti				of individuals employed in cale							5		2
Ċţ	6	Total n	umber	of volunteers (estimate if necess	sary)					· • • -	6		50
<				d business revenue from Part V							7a		
	b	Net un	related	business taxable income from	Form 990-T, line 34						7b		
									Prior Y	ear	C	urrent Ye	er
¢	8	Contrib	outions	and grants (Part VIII, line 1h)				-	1,615,412.			1,112	,927.
Revenue	9	Progra	m serv	ice revenue (Part VIII, line 2g)			Y FOR			NO	NE		NONE
eve	10	Investr	nent in	come (Part VIII, column (A), line	es 3. 4. and 7d)	PUBLIC II	NSPECTIO	N		NO	NE		NONE
Ř				e (Part VIII, column (A), lines 5,		<u></u>			_9	0,669		-63	,799.
				- add lines 8 through 11 (must						4,743		1,049	
				milar amounts paid (Part IX, colu	•					4,890			,733.
									1,03	-			
	4 5			to or for members (Part IX, colu						NO:			NONE
ses	15			r compensation, employee bene					23	4,723		218	<u>,597.</u>
Expenses	16a			undraising fees (Part IX, column				-		NO	NE		NONE
Т. Д	b			ing expenses (Part IX, column (I				_					
-	17	Other e	expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)			•		0,284			,706.
	18	Total e	xpense	es. Add lines 13-17 (must equal	Part IX, column (A), line	e 25)		-	1,51	9,89	7.	647	,036.
		Revenu	ue less	expenses. Subtract line 18 from	n line 12			-		4,84	б.	402	,092.
Net Assets or Fund Balances								Beginr	ning of Cu	urrent Ye	ar	End of Yea	ar
sets	20	Total a	ssets (l	Part X, line 16)					17	1,983	3.	574	,075.
As	21			s (Part X, line 26)						NO	NE	_	NONE
Net Innet	22			fund balances. Subtract line 21					17	1,98	3.	574	,075.
	rt II			Block				•					<u>/ 0 / 0 1</u>
				, I declare that I have examined this	is return, including accom	panving sched	ules and sta	tements, a	nd to the	best of i	nv knowle	dae and bo	elief. it is
true	e, corre	ct, and c	complete	. Declaration of preparer (other than	officer) is based on all info	ormation of whi	ich preparer	has any kn	owledge.				
										11/0			
Sig	n	-	Signatur	e of officer						ate	9/2022		
He			0							ale			
	•	· • -		MENDOZA-EXSTROM		SEC	CRETARY	-					
				print name and title	1					,			
		Print/T	ype pre	parer's name	Preparer's signature		Date		Che	ck 🔄 i	f PTIN		
Paic		MATT	'HEW	FRERKER	MATTHEW FRERM	KER	11/0)9/2022	2 self-	employed	P016	577675	
	parer	Firm's	name	▶ BDO USA, LLP					Firm's Ell	N 🕨	13-53	81590	
use	Only			► 601 UNION STREET	SUITE 2300 SE	ATTLE. W	A 9810		Phone no			82-77	77
Mav	the II			s return with the preparer show									No
				ion Act Notice, see the separat		* * * * * * *						Form 99(

	RAVE FOUNDATION	46-3932075
Foi	rm 990 (2021)	Page 2
Ρ	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO BUILD SMALL FIELDS FOR FREE PLAY AND INVEST IN PROGRAMS THAT USE	
	SOCCER AS A VEHICLE TO INSPIRE YOUTH AND STRENGTHEN COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not list	ed on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	
	services?	Yes 🛛 🗶 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest progr	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gra the total expenses, and revenue, if any, for each program service reported.	ants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$;)
	CONSTRUCT AND BUILD 26 TENNIS COURT SIZED SOCCER FIELDS BY 2026 IN	,,
	COMMUNITIES IN SEATTLE TO PROVIDE A PLACE FOR KIDS TO PLAY FREELY,	
	BE PHYSICALLY ACTIVE AND SAFE, AND TO BE INCLUSIVE STAKEHOLDERS IN	
	THEIR COMMUNITIES.	
4b	(Code:) (Expenses \$ 27,942. including grants of \$) (Revenue \$)
	ONE BALL PROGRAM HAS THE GOAL OF PROVIDING 100,000 SOCCER BALLS TO	·,
	KIDS IN NEED.	
4c	: (Code:) (Expenses \$ 45,972. including grants of \$) (Revenue \$)
	HOW CAN SOCCER HELP PROVIDING SUPPORT IN COMMUNITIES TO SUPPORT	,,
	WHOLE, HEALTHY CHILDREN.	
40	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 66,005. including grants of \$ 53,733.) (Revenue \$)
40	Total program service expenses ► 333,412.	1
JSA		Form 990 (2021)
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Form 9	90 (2021)		F	-age 3
Part	V 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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)			37
-	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,			37
~	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I.	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
12 a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			1
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
184	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part IV Checklist of Required Schedules (continued)

Form 990 (2021)

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			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 Schedule J.	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0001)
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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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	7-	37	
	and services provided to the payor?	7a 7b	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	Δ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
ام	required to file Form 8282?	70		
		7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	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.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
JSA	If "Yes," complete Form 6069.		000	

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	w, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	3		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	t		
	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	t		
	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	1		
	the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
Cast	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>	<i>.)</i> Yes	No
		40-	103	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	, 10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
-	rise to conflicts?	, 120		
C	describe on Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	13		x
13 14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval b			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	;		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99)-T (sec	tion 5	501(c)
	(3)s only) available 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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	oolicy,
	and financial 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 reco	rds 🕨		
	PAULETTE HARRIS 406 OCCIDENTAL AVE S. SEATTLE, WA 98104			
JSA	2065121268	Form	990	(2021)
1 = 10/2	1 000			

		Fc

					C)					
(A)	(B)	(.1			ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours per week					or/trust		compensation from the	compensation from related	of other compensation
	(list any						, T	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dual	Ition	Ť	mplo	st q	<u>۳</u>	1099-NEC)	1099-NEC)	related organizations
	below	r trus	al tr		byee	mp				
	dotted line)	tee	uste			ensa				
			e			ated				
(1) ASHLEY FOSBERG	40.00									
EXECUTIVE DIRECTOR	NONE			Х				130,000.	NONE	12,750.
(2) FRED MENDOZA	2.00									
CHAIR	NONE	X		Х				NONE	NONE	NONE
(3) DAVID CHEN	2.00	-								
TREASURER	NONE	X		Х				NONE	NONE	NONE
(4) MAYA MENDOZA EXSTROM	2.00	-								
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(5) ZACH SCOTT	1.00	-								
MEMBER	NONE	X						NONE	NONE	NONE
(6) ROGER LEVESQUE	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(7) ALYSSA MOIR	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(8) ERIC OCHIENG	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(9) JOSE VASQUEZ	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(10) TODD COWLES	1.00									
MEMBER	NONE 1 00	X						NONE	NONE	NONE
(11) KATHERINE MEYERS	1.00	37						NONT	NONE	NONE
MEMBER	NONE 1 00	Х						NONE	NONE	NONE
(12) LAMAR NEAGLE	1.00	v						NONE	NONE	NONE
MEMBER	NONE 1 00	X						NONE	NONE	NONE
(13) JAMES RILEY MEMBER	1.00 NONE	x						NONE	NONE	NONE
(14) ADRIAN HANAUER	1.00	Λ						NONE	NONE	NONE
MEMBER	NONE	x						NONE	NONE	NONE
MEMDER	NONE	Λ						NONE	NONE	Form 990 (2021)
JSA										
1E1041 1.000										
7923TJ YJ4A										9

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

Form 990 (2021) RAVE FOUNDATION 46-3932075 Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

Form 990 (2021) Part VII Section A. (Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es, a	and H	lig	hest Compensat	ed Emplo	yees (co	ontinued)	Page X
(A Name a		(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe d a c	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estima amoun othe compens	ted t of r
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from t organiza and rela organiza	ation ated
			-										
			-										
			-										
	ion sheets to Part VII, S	ection A				•••			130,000. NONE	1	NONE NONE	12	2,750 NON
2 Total number of indiv		limited to t						► o re	130,000. eceived more than	\$100,000	NONE of	12	2,750
3 Did the organization	tion from the organization	er, directo										Ye	
4 For any individual list organization and re	If "Yes," complete Schedu sted on line 1a, is the s elated organizations gro	sum of rep eater than	oortab \$15	ole (50,0	com 00?	ipen ? <i>If</i>	satior <i>"Ye</i> s	n ai s,"	nd other compens	sation from	the	3	X
5 Did any person liste for services rendered	d on line 1a receive or to the organization? If "Ye	accrue co	mpen	sati	on	from	n any	un				5	X
	Contractors for your five highest com he organization. Report c												
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensatio	on

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Pa	rt VII	Statement of Revenue Check if Schedule O contains a response o	r note to any l	ine in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
A A D O C	c	Fundraising events 1c	151,573.				
ar ,	d	Related organizations 1d					
s, o mil	е	Government grants (contributions) 1e					
ion Ion	f	All other contributions, gifts, grants,					
but		and similar amounts not included above	961,354.				
ğ	g	Noncash contributions included in					
		lines 1a-1f	38,847.	1 110 005			
	h	Total. Add lines 1a-1f	Isiness Code	1,112,927.			
e							
Program Service Revenue	2a						
Ser	b						
E an	C						
Be	d						
Pro	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends, inter					
		other similar amounts).		NONE			
	4	Income from investment of tax-exempt bond proc		NONE			
	5	Royalties		NONE			
		(i) Real (i	ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
anu	b	Less: cost or other basis					
evenue		and sales expenses 7b					
		Gain or (loss) 7c		NONE			
Other R	d	Net gain or (loss)		NONE			
đ	8a	Gross income from fundraising					
		events (not including \$					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	63,799.				
	c	Net income or (loss) from fundraising events	►	-63,799.			-63,799.
	9a	Gross income from gaming					
		activities. See Part IV, line 19	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities	<u></u> ▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
sne		Bu	isiness Code				
nec	11a						+
ella ver	b						
Miscellaneous Revenue	c d	All other revenue					
ž	d	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,049,128.			-63,799.
154				,,===••			

Form **990** (2021)

RAVE FOUNDATION

Form 990 (2021)

Part IX Statement of Functional Expenses

RAVE FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 53,733 and domestic governments. See Part IV, line 21 . . . 53,733 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 142,750. 42,825. 28,550. 71,375. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 53,085 15,925. 10,617. 26,543. 3,916. 1,175. 1,958. 783. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,840 1,152. 768 1,920. 15,006. 3,001. 4,502. 7,503. 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 2,930. 2,930 c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 49,209 40,709. 8,500. (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 49,353 46,012. 3,341. 12 10,849. 15,578. <u>5,1</u>22. 31,549. 13 Office expenses 14 Information technology 24,566. 24,566. NONE 15 Royalties Occupancy NONE 16 268 268 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization NONE 22 11,791. 11,791. Insurance 23 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 O.) a PROGRAM EXPENSES 203,251 203,251 1,789 TAXES & LICENSES 1,789 b С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 647,036 333,412. 187,362 126,262. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Page **11**

	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	171,983.	1	574,075
2	Savings and temporary cash investments	NONE	2	NON
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	NONE	4	NON
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	NONE	5	NOI
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).	NONE	6	NON
7	Notes and loans receivable, net	NONE	7	NOI
7 8	Inventories for sale or use	NONE	8	NOI
9	Prepaid expenses and deferred charges	NONE	9	NOI
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
k	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE		NOI
14	Intangible assets	NONE	14	NOI
15	Other assets. See Part IV, line 11	NONE		NOI
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	574,075
17	Accounts payable and accrued expenses	NONE		NON
18	Grants payable	NONE		NON
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NOI
	Loans and other payables to any current or former officer, director,	INOINE	21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE		NOI
25	Other liabilities (including federal income tax, payables to related third	NONE	24	NOI
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25.	NONE		NON
		INOINE	20	NOI
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	171 002	27	
28	Net assets with donor restrictions.	171,983.	27	574,075
20		NONE	28	NON
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	171,983.	32	574,075
33	Total liabilities and net assets/fund balances	171,983.	33	574,075 Form 990 (202

Form 990 (2021)

RAVE	FOUNDATION	I

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Form	990	(2021)

46-3932075

Form 99	00 (2021)				Pa	ge TZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .	<u></u> .	<u></u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49,	128.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	47,	036.
3	Revenue less expenses. Subtract line 2 from line 1	3		4	02,	092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	71,	983.
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5	74,	<u>075</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountation	nt?	• •	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?		• •	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2021)

3b

SCHE	DU	LE	F
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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

Nam	e of the organization					Employer identif	ication number	
RA	VE FOUNDATION					46-3	932075	
Ра	rt I Reason for Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instruction	S.	
The	organization is not a private fou	Indation because it	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)		
1	A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiz	•	•		• • •)(iii). Enter the	
	hospital's name, city, and st			•			,, ,	
5	An organization operated	-	a college or universit	ty owned	d or ope	erated by a governme	ental unit described in	
	section 170(b)(1)(A)(iv). (C		Ū		•	, ,		
6	A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X An organization that norm	•					om the general public	
	described in section 170(b)	-		TT	J -		5 - 5 - 5 - F - F - F	
8	A community trust describe			e Part II.)				
9	An agricultural research or					in conjunction with a	land-grant college	
•	or university or a non-land-							
	university:	5	5	/		·····		
10	An organization that norma	ally receives (1) mo	ore than 331/3% of its	support	from co	ntributions, members	nip fees, and gross	
-	receipts from activities rela	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its	
	support from gross investm acquired by the organization	nent income and u	975 See section 509	able inco (a)(2) ((ome (les	s section 511 tax) from	n businesses	
11	An organization organized							
12	An organization organized a	•					rrv out the purposes of	
	one or more publicly suppo	•	,			•		
	the box on lines 12a through	-						
а						•		
u	the supported organization	•				• • • •		
	supporting organization.				ajonty of			
b		•			with its	supported organizat	ion(s) by baying	
	control or management of	•						
	organization(s). You must		-		0 001001			
с	Type III functionally inte	•		ated in co	onnectio	n with and functiona	Illy integrated with	
•	its supported organization						ing integrated with,	
d		()(, ·		•		rted organization(s)	
u	that is not functionally inte			-				
	requirement (see instruct			-				
е		,	•				II. Type III	
•	functionally integrated, or					21 · 21	,,	
f	Enter the number of supported	• •						
g		•						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-10	-	ur governing	support (see instructions)	other support (see	
			above (see instructions))	Yes	ment? No		instructions)	
(
(A)								
(D)								
(B)								
(C)								
(D)								
(D)								
(- `								
(E)								
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	535,739.	868,773.	455,650.	1,615,412.	1,112,927.	4,588,501.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	535,739.	868,773.	455,650.	1,615,412.	1,112,927.	4,588,501.
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						1 500 000
e	shown on line 11, column (f)						1,586,068.
<u>6</u> Soc	Public support. Subtract line 5 from line 4 tion B. Total Support						3,002,433.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	535,739.	868,773.	455,650.	1,615,412.	1,112,927.	4,588,501.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						NONE
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						4,588,501.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li	ne 6, column (f)	, divided by line	e 11, column (f))		14	65.43 %
15	Public support percentage from 2020						55.04 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization q			-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			•	•		· · ·
	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets			-	-		
18	organization . Private foundation. If the organization						
10							
	instructions						<u> </u>

Schedule A (Form 990) 2021

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	line 6.)						
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in) ► Amounts from line 6.	(u) 2017	(6) 2010	(0) 2010	(4) 2020	(0)2021	
	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						
11	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 5 years. If the Form 990 is for	0					
	organization, check this box and stop here .						🕨 🔄
	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lir					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or	-					
_	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2020. If the orga						
~~	line 18 is not more than 331/3%, check		•	•	. ,		
20 JSA	Private foundation. If the organization of	AND THE CHECK	a bux on line '	14, 19a, or 19b	, check this bo		e A (Form 990) 2021
	1 1.000					Schedule	5 A (i Orini 530) 202 i

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Voc	No

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
--	---

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruc	ctions	s).			
2	Activities Test. Answer lines 2a and 2b below.	Y	Yes	N			
				1			

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

1

2

Part V

1

	······································
: V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
	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.

Section A - Adjus	ted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross in	come (see instructions)	3		
4 Add lines 1 thr	rough 3.	4		
5 Depreciation a	ind depletion	5		
6 Portion of ope	rating expenses paid or incurred for production or collection			
	ne or for management, conservation, or maintenance of			
•	for production of income (see instructions)	6		
7 Other expense	es (see instructions)	7		
	Income (subtract lines 5, 6, and 7 from line 4)	8		
	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair	market value of all non-exempt-use assets (see			
	r short tax year or assets held for part of year):			
a Average mont	hly value of securities	1a		
b Average mont	hly cash balances	1b		
	lue of other non-exempt-use assets	1c		
d Total (add line		1d		
	ned for blockage or other factors			
2 Acquisition ind	ebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2		3		
4 Cash deemed see instruction	held for exempt use. Enter 0.015 of line 3 (for greater amount, s).	4		
5 Net value of no	on-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5		6		
	prior-year distributions	7		
8 Minimum Ass	et Amount (add line 7 to line 6)	8		
Section C - Distri	butable Amount			Current Year
1 Adjusted net ir	ncome for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of I		2		
	t amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater		4		
	posed in prior year	5		
6 Distributable	Amount. Subtract line 5 from line 4, unless subject to mporary reduction (see instructions).	6		
			· · · - ··· ··	

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

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

RAVE FOUNDATION		46-3932075
Organization type (check	one):	
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 priv	rate 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

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Schedule B (Form 990) (2021) Name of organization

RAVE FOUNDATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$153,056.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	<u>N/A</u>	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 46-3932075

	RAVE FOUNDATION		46-3932075
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$31,088.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

ame of or	ganization RAVE FOUNDATION		entification number 3932075
art II	Noncash Property (see instructions). Use duplicate copies	· ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MERCHANDISE, MATCH TICKETS		
<u> </u>		\$	12/31/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

SCHEDULE G (Form 990)	Complete if t	I Information Regarding Fundraising or Gaming Activities the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.				OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection
Name of the organization	•					Employer identificati	on number
RAVE FOUNDATION						46-39320	
	g Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.
	EZ filers are not re	· ·					
1 Indicate whether	the organization rais	sed funds through a		•			
a Mail solicita		е			non-government g		
	l email solicitations	f			government grants	S	
c Phone solic		g	Spec	cial fundra	ising events		
d 🔄 In-person so							
2a Did the organiza							
	es listed in Form 990 10 highest paid indi						Yes No
	least \$5,000 by the		(iunuiaise	is) puisua	int to agreements	under which the	
		0					
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
0							
7							
8							
9							
10							
Total		<u></u>		►			<u> </u>
	which the organiza	tion is registered o	r licensed	d to solicit	contributions or	has been notified	I it is exempt from
registration or lic	censing.						

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.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHAMPIONS GALA	MATCHDAY AUCTIO	8	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	76,544.	17,678.	57,350.	151,572.
			, , , , , , , , , , , , , , , , , , , ,		0,,000,	
	2	Less: Contributions	76,544.	17,678.	57,350.	151,572.
	3	Gross income (line 1 minus	, 0 , 0 1 1 1		0,,000,	101/0/11
	-	line 2)				
-						
	4	Cash prizes				
	•					
	5	Noncash prizes				
	Ū					
Direct Expenses	6	Rent/facility costs	31,644.			31,644.
	Ŭ		51,011.			
	7	Food and beverages				
	•					
	8	Entertainment				
ā	U	Entertainment				
	٩	Other direct expenses	16 157	1 274	14 604	20 1EE
	3		10,157.	1,3/4.	14,624.	32,155.
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		63,799.
	11	Net income summary. Subtract li	ne 10 from line 3 colu	ımn (d)		-63,799.
Ра						
Ιa		\$15,000 on Form 990-EZ, lin	e fa			reported more than
0		\$10,000 011 0111 000 <u>22</u> , 111	0.001	(h) Dull take (in stant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Vel				3.1.3.1.3.1.1.3.1		
Re	1	Gross revenue				
	•	Closs levelide				
s	2	Cash prizes				
se	2	Cash prizes				
en	2	Nonoooh prizoo				
X	3	Noncash prizes				
Direct Expenses		Dont/focility costs				
ire	4	Rent/facility costs				
	-					
	5	Other direct expenses				
	~	Valueta en la ban	Yes %		Yes%	
	6	Volunteer labor	Νο	No	No	
	-	Direct over an one state and A. I. I.				
	1	Direct expense summary. Add line	es 2 through 5 in colu	mn (a)		

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Sched	lule G (Form 990 or 990-EZ) 2021 RAVE FOUNDATION	46-39	32075	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	<i>y</i>		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	s and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	jaming ,		
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ► \$			
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:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?	r	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$			
Par				

SCHEDULE I (Form 990)						OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection
Internal Revenue Service Name of the organization		► GO	to www.irs.gov	Form990 for the I	atest information	l	Employer identifica	
RAVE FOUNDATION	т						46-3932075	
	nformation on Grants and	d Assistanc	e				40 3932073	
the selection crite 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's procec ad Other Assistance to D	s or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			X Yes No
	ne 21, for any recipient th							,
1 (a) Name and	d address of organization 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
(1) TACOMA PUBLIC SCHO	OOLS INDIAN EDUCATION PROG							
3101 S. 43RD STREET TA		91-6001553	GOVERNMENT	10,000.				PROGRAM SUPPORT
(2) NORTHWEST AFRICAN	AMERICAN MUSEUM							
2300 SOUTH MASSACHUSET		76-0835379	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) MUSEUM OF POP CULT	FURE							
120 6TH AVE N SEATTLE	, WA 98109	91-1626784	501(C)(3)	10,000.				PROGRAM SUPPORT
(4) JIMI HENDRIX PARK	FOUNDATION							
PO BOX 58152 SEATTLE,	WA 98138	27-3599916	501(C)(3)	10,000.				PROGRAM SUPPORT
_(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		-						
	er of section 501(c)(3) and er of other organizations list	-	-					4

Part III

RAVE FOUNDATION

46-3932075 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance (a) Type of grant or assistance cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

GRANTS DID NOT INCLUDE ANY OBLIGATION FROM THE RECIPIENT ONCE THE FUNDS

WERE RECEIVED.

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.

2021 Open to Public Inspection

Name of the organization

Employer identification	number
46-3932075	

	RAVE FOUNDATION 46-3932075							
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported of Form 990, Part VIII, line	ו ו	(d) Method of deterr cash contribution		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
~	goods							
6								
7	Boats and planes							
8	Intellectual property Securities - Publicly traded							
9 10	Securities - Closely held stock							
10	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
••	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		120	21,62	5. FMV			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(SEE SUPP PAGE)		670.	17,22	2.			
26	Other ►()							
27	Other ▶()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions	for			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	lines 1 th	1rough		
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and whi	ch isn't re	quired		
	to be used for exempt purposes for		olding period?			30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?							Х
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process,	or sell no	oncash		
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which colum	n (a) is ch	ecked,		
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	m 990.			Schedule M (For	rm 990) 2021

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS							
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	== (C) REVENUES REPORTED	(D) METHOD OF DETERMINING			
SOUNDERS TICKET SOUNDERS PARKIN	X X	638 32	16,270. 952.	FMV FMV			
TOTALS	-	670. 	17,222.				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service OMB No. 1545-0047

RAVE FOUNDATION

Employer identification number

46-3932075

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

THAT SUPPORT WHOLE, HEALTHY CHILDREN OF ALL AGES, FROM PRESCHOOL TO HIGH SCHOOL. THE FOUNDATION CONTINUED TO DONATE SOCCER BALLS AND SUPPORT LOCAL COMMUNITY PROGRAMS AND ORGANIZATIONS THAT REACH YOUTH IN MARGINALIZED OR UNDERSERVED COMMUNITIES.

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 AND APPROVED AT A BOARD MEETING.

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

OUR ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON OUR WEBSITE. BYLAWS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021			Page 2
Name of the organization	Employer ider	ntification number	
RAVE FOUNDATION		46-393	2075
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	SERVICES		
	======		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
GOALS FOR ART, ADOPT-A-SCHOOL, SCIENCE			
OF SOCCER AND THE SPORTS MEDIA INSTITUTE	53,733.	66,005.	
TOTALS	53,733.	66,005.	